2	006 FOR PROFIT ANNUAL F	CORPORATIO REPORT	N' '	,			Τ
DOCUMENT # P03000157844  1. Entry Name VELOCITY PAINTING, INC.				Jan S			
5730 JACARANDA AVENUE 5730 JACAR		Mailing Address 5730 IACARANDA AVENUE LAKELAND, FL 33809	JACARANDA AVENUE				
D	O NOT WRITE I	N THIS SPA	CE	01062006 4. FEI Number 92-019	No Chg-P	CR2E034 (1	
EXECUTIVA 4406 SOU LAKELAND	6. Name and Address of Current Reg 5. CHARLANN J ESQ VE PLAZA SUITE 22-B TH FLORIDA AVENUE D, FL 33813  Interied entity submits this statement for the core of registered agent.	DO NOT WRITE IN THIS SPACE  ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
SIGNATURE	Signature typed or printed name of registered agent and in	d Agent signature require	ed when reinstating) OATE				
FILE NOWITI FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ted to Fees			
TOLE  THE STREET ADDRESS CITY ST-UP TITCE MADIL TOLE MADIL THE STREET ADDRESS CITY-ST-UP THE STREET ADDRESS CITY-ST-ZP THE	PCEO BENNER, KIMBERLY J 5730 JACARANDA AVENUE LAKELAND, FL 33809 ST BENNER, KIMBERLY J 5730 JACARANDA AVENUE LAKELAND, FL 33809				02/09/05 02/09/05 NOT W THIS SF		23 158,75
MAMIL STRLET ADDRESS CITY-ST-ZIP TIPLE NAMIL STREET ADDRESS CITY-ST-ZIP				***		- 13-	

DO NOT WRITE STREET ADDRESS IN THIS SPACE STREET ADDRESS CITY-51-ZP TITLE STREET ADDRESS CNY-51-21P

12. I hereby ceruly that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certily that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same fegal effect as if made under oath; that I am an officer or director of the culpulation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attaching the with an applicas, with all time if the empowered.

SIGNATURE: While the information supplied with this filling does not qualify for the exemptions contained in Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attaching the with an applicas, with all time information.

SIGNATURE: While the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certily that the information indicated in Chapter 119, Florida Statutes. I further certily that the information indicated in Chapter 129, Florida Statutes. I further certily that the information indicated in Chapter 129, Florida Statutes. I further certily that the information indicated in Chapter 129, Florida Statutes. I further certily that the information indicated in Chapter 129, Florida Statutes. I further certily that the information indicated in Chapter 129, Florida Statutes. I further certily that the information indicated in Chapter 129, Florida Statutes. I further certily that the information indicated in Chapter 129, Florida Statutes. I further certily that the information indicated in Chapter 129, Florida Statutes. I further certily that the information indicated in Chapter 129, Florida Statutes. I further certily that the information indicated in Chapter 129, Florida Statutes. I further certily that the information indicated in Chapter 129, Florida Statutes. I further ce

12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplicantal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an afficer or director indicated on this report or supplicantal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an afficer or director indicated on this report of the receiver or trustee of provided to execute the same legal effect as if made under oath; that I am an afficer or director indicated on this report of the receiver of the receiver of the contained on the same legal effect as if made under oath; that I am an afficer or director indicated on this report or trustee of provided by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the contained on the same legal effect as if made under oath; that I am an afficer or director indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on the same legal effect as if made under oath; that I am an afficer or director indicated on the same legal effect as if made under oath; that I am an afficer or director indicated on the same legal effect as if made under oath; that I am an afficer or director indicated on the same legal effect as if made under oath; that I am an afficer or director indicated on the same legal effect as if made under oath; that I am an afficer or director indicated on the same legal effect as if made under oath; that I am an afficer or director indicated on the same legal effect as if made under oath; that I am an afficer or director indicated on the same legal effect as if made under oath; that I am an afficer or director indicated on the same legal effect as if made under oath

SIGNATURE

NAME STREET ADDRESS CITY SI- ZIP

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