


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90372 019 ***150.00

DOCUMENT # P03000158291

1. Entity Name
 THOMAS B. COUTURE JR. PAINTING, INC.



Principal Place of Business
 16 PARVIEW CT.
 ROTONDA WEST, FL 33947

Mailing Address
 16 PARVIEW CT.
 ROTONDA WEST, FL 33947



2. Principal Place of Business
 995 BOUNDARY BLVD
 Suite, Apt. #, etc.

3. Mailing Address
 995 BOUNDARY BLVD
 Suite, Apt. #, etc.

02142006 Chg-P CR2E034 (11/05)

City & State
 ROTONDA WEST FL ROTONDA WEST, FL

Zip Country
 33947 Charlotte 33947 Charlotte

4. FEI Number
 20-0489497

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 COUTURE, THOMAS B
 16 PARVIEW CT.
 ROTONDA WEST, FL 33947

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 995 BOUNDARY BLVD

City ROTONDA WEST FL Zip Code 33947

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Thomas B. Couture Jr.* Thomas B. COUTURE JR. President 3/28/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUTURE, THOMAS B 16 PARVIEW CT. ROTONDA WEST, FL 33947 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COUTURE, THOMAS B. 995 BOUNDARY BLVD ROTONDA WEST, FL 33947 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas B. Couture Jr.* Thomas B. COUTURE JR. 3/28/06 941-628-1209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #