

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
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2. Principal Place of Business 995 BOUNDARY BLVD	3. Mailing Address 995 BOUNDARY BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ROTONDA WEST FL	City & State ROTONDA WEST, FL
Zip 33947	Country Charlotte
Zip 33947	Country Charlotte



02142006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0489497		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent COUTURE, THOMAS B 16 PARVIEW CT. ROTONDA WEST, FL 33947		
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 3/28/2006**
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete COUTURE, THOMAS B 16 PARVIEW CT. ROTONDA WEST, FL 33947	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition COUTURE, THOMAS B. 995 BOUNDARY BLVD ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #