

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000001329

**FILED**  
**Aug 14, 2006**  
**Secretary of State**

**Entity Name:** UNCLE BOB'S PAINTING, INC.

**Current Principal Place of Business:**

1552 MENLO AVE  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

1552 MENLO AVE  
JACKSONVILLE, FL 32218

**New Mailing Address:**

**FEI Number:** 20-0587614

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARLSON, ROBERT E  
1552 MENLO AVE  
JACKSONVILLE, FL 32218 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CARLSON, ROBERT E  
Address: 1552 MENLO AVE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete  
Name: NEWCOMB, ERIKA  
Address: 1552 MENLO AVE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: V ( ) Delete  
Name: BIRCHLAND, JEFFREY  
Address: 1215 EVERGREEN AVE  
City-St-Zip: JACKSONVILLE, FL 32206

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: SHAPIRO, RALPH  
Address: 1351 SILVER ST  
City-St-Zip: JACKSONVILLE, FL 32206

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** ROBERT E CARLSON

D

08/14/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date