

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90027 018 ***150.00

DOCUMENT # P04000004663					
1. Entity Name SHINE BRIGHT PAINTING, INC.					
Principal Place of Business 2716 36TH AVE. W. BRADENTON, FL 34205			Mailing Address 2716 36TH AVE. W. BRADENTON, FL 34205		
2. Principal Place of Business			3. Mailing Address 2335 J 63RD AVE EAST		
Suite, Apt. #, etc.			Suite, Apt. #, etc. J		
City & State			City & State BRADENTON, FL		
Zip		Country		Zip 34203	
Country		Country MANATEE		4. FEI Number 73-1691349	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COSTA, JOSEPH 2716 36TH AVE. W. BRADENTON, FL 34205				7. Name and Address of New Registered Agent Name DONALD H. HECKMAN Street Address (P.O. Box Number is Not Acceptable) 2335 J 63RD AVE EAST City BRADENTON FL Zip Code 34203	
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: <u>Donald H. Heckman</u> DATE: <u>3/15/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME COSTA, JOSEPH		<input type="checkbox"/> Delete		
STREET ADDRESS 2716 36TH AVE. W.	CITY-ST-ZIP BRADENTON, FL 34205		<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: <u>Joseph A. Costa</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			President <u>Donald H. Heckman</u> <small>Date Daytime Phone #</small>		