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

## **FILED** Mar 20, 2006 8:00 am Secretary of State 03-20-2006 90018 032 \*\*\*150.00

DOCUMENT # P0400007446  1. Entity Name CITRUS PAINTING, INC.					03-20-200	06 90018 03	32 ***150	.00
Principal Place of Business 1982 W GARDENIA DE CITRUS SPRINGS, FL 34434		Mailing Address 1982 W GARDENIA DE CITRUS SPRINGS, FL 34434			50003618			
1982 W GARDENTA DR 198		3. Mailing Address 1982 W GARDENT Suits, Apt. #, etc.	1982 W CARDENTA DR		Chg-P		34 (11/05)	
City & State CITRUS Zip 34434	SPRINGS FI. Country	City & State CITRUS SPRINGS Zip 34434	Country	4. FEI Numb 73-169 5. Certificate				
	6. Name and Address of Current I			7. Name and	Address of Ne	w Registered A	gent	
POST, WILLIAM A 20702 PENNSYLVANIA AVE DUNNELLON, FL. 34431			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
			City	FL Zip Code				
	named entity submits this statement for tions of registered agent.  Signature, typed or printed name of registered agent.		- 	registered agent, or bo	nth, in the State o	of Florida. I am f	amiliar with,	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$3								
10,	OFFICERS AND		11.	ADDITIONS	/CHANGES TO	OFFICERS AND		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	ROBERTSON, WALTER W JR 1982 W GARDENIA DE CITRUS SPRINGS, FL 34434	<b>□</b> Delæte	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTSON, 1982 W GAR CITRUS SPR	DENIA DR	·	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROACH, LINN E 1892 W GARDENIA DR CITRUS SPRINGS, FL 34434	🗀 Delete	TIFLE NAME STREET ADDRESS CITY-ST-ZIP	V ROACH, LIN 5554 N BUF BEVERLY HI	N E FALO DR		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLEVELAND, MAVA 1982 W GARDENIA DR CITRUS SPRINGS, FL 34434	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERTSON, 1982 W GAR CITRUS SPR	MAVA DENIA DR		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		🗀 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
TIRLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS				Change	Addition
CITY-ST-ZIP		h ship filing dans not qualify for	CITY-ST-ZIP	contained in Chapter 1			128 1 1 1 1	

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.

352-489-2238

SIGNATURE: