

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000010884



1. Entity Name

SKIPS PAINTING SERVICE, INC.

Principal Place of Business

10485 EPSON LN
JACKSONVILLE FL 32221
US

Mailing Address

10485 EPSON LN
JACKSONVILLE FL 32221
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number 11-3715135

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLOOMER, GEORGE M III
4429 COUNTY ROAD 218 WEST
MIDDLEBURG FL 32068

Name

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

City

FL

Zip Code

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

Signature, typed in 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

Make Check Payable to Florida Department of State

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 ☐ Delete

P
WASHBURN, LYLE
10485 EPSON LN
JACKSONVILLE FL 32221

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

U00000524412
05/03/06-80112-010 150.00

TITLE NAME ☐ Delete

VP
WASHBURN, VALERIE
10485 EPSON LN
JACKSONVILLE FL 32221

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 a address, with all other like empowered.

SIGNATURE:

Wyle E Washburn 4-18-06 904-813-4922