

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 24, 2006 8:00 am
Secretary of State**

04-24-2006 90416 023 ***150.00

DOCUMENT #P04000012096

1. Entity Name
JOE'S AFFORDABLE PAINTING, INC.



Principal Place of Business
150 BOSARVEY DR.
ORMOND BEACH, FL 32176

Mailing Address
150 BOSARVEY DR.
ORMOND BEACH, FL 32176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-0628537

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

DAVERSA, JOSEPH
150 BOSARVEY DR.
ORMOND BEACH, FL 32176

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 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.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE : PVST
NAME : DAVERSA, JOSEPH
STREET ADDRESS : 150 BOSARVEY DR.
CITY-ST-ZIP : ORMOND BEACH, FL 32176

Delete

TITLE

PRES / VICE - PRES / SEC

Change

Addition

TITLE : D
NAME : DAVERSA, JOSEPH
STREET ADDRESS : 150 BOSARVEY DR.
CITY-ST-ZIP : ORMOND BEACH, FL 32176

Delete

TITLE

Change

Addition

TITLE :
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

Delete

TITLE

*TRES
AMY M DUNN
150 BOSARVEY DR
ORMOND BEACH FL 32176*

Change

Addition

TITLE :
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

Delete

TITLE

Change

Addition

TITLE :
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

Delete

TITLE

Change

Addition

TITLE :
NAME :
STREET ADDRESS :
CITY-ST-ZIP :

Delete

TITLE

Change

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.

JOSEPH DAVERSA, PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06

Date

Daytime Phone #