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

## Mar 17, 2006 08:00 AM Secretary of State DOCUMENT # P04000013802 CARL SMITH PAINTING INC. Principal Place of Business Mailing Address 5344 WELLS AVE 5344 WELLS AVE ARCADIA, FL 34266 ARCADIA, FL 34266 01122006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-0401001 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, CARL DO NOT WRITE 5344 WELLS AVE ARCADIA, FL 34266 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstetling) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. 10. TITLE NAME SMITH, CARL 5344 WELLS AVE STREET ADDRESS U00000471847 CITY-ST-ZIP ARCADIA, FL 34266 03/29/06-80013-004 150.00 TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAXE STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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

SIGNATURE:

717ZE MAME STREET ADDRESS City-St-7P

Daytime Phone 4

**FILED**