

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000014095

1. Entity Name
NEW LOOK PAINTING SERVICES INC.



Principal Place of Business

**11404 SWEET FERN DR
RIVERVIEW, FL 33569 US**

Mailing Address

**11404 SWEET FERN DR
RIVERVIEW, FL 33569 US**



05012006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0611423

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**RIVERVIEW TAX'S MORTGAGE, INC
7039 US HWY 301 S
RIVERVIEW, FL 33569**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHEW, DENIS M
STREET ADDRESS	11404 SWEET FERN DR
CITY - ST - ZIP	RIVERVIEW, FL 33569
TITLE	VP
NAME	RUSSELL, SCOTT T
STREET ADDRESS	11404 SWEET FERN DR
CITY - ST - ZIP	RIVERVIEW, FL 33569
TITLE	S
NAME	O'BRIEN, CHRISTOPHER
STREET ADDRESS	114011 SWEET FERN DR
CITY - ST - ZIP	RIVERVIEW, FL 33569
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/18/06-80042-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Denis M Shew - President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/06 (813) 343-7683
Date Daytime Phone #