


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000023738</b> 1. Entity Name <b>CUSTOM PAINTING TLC, INC.</b>		
Principal Place of Business <b>C/O 6462 NW 80TH DRIVE          PARKLAND FL 33067</b>		Mailing Address <b>C/O 6462 NW 80TH DRIVE          PARKLAND FL 33067</b>
2. Principal Place of Business State, Apt. #, etc.		3. Mailing Address State, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
		Country
4. FEL Number <b>13-4278871</b>		Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>GLUCK, RONDA D          980 NORTH FEDERAL HIGHWAY, SUITE 402          BOCA RATON FL 33432</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
		<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE <b>PS</b> <input type="checkbox"/> Delete NAME <b>CARECCIA, ANGELO</b> STREET ADDRESS <b>C/O 6462 NW 80TH DRIVE</b> CITY-ST- ZIP <b>PARKLAND FL 33067</b>		<input type="checkbox"/> Change <input type="checkbox"/> Add <b>UB000048800</b> <b>04/17/06-30021-008 150.00</b>
TITLE <b>TD</b> <input type="checkbox"/> Delete NAME <b>CARECCIA, KATHY</b> STREET ADDRESS <b>C/O 6462 NW 80TH DRIVE</b> CITY-ST- ZIP <b>PARKLAND FL 33067</b>		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 an address, with all other like empowered		
<b>SIGNATURE:</b> _____		<b>03/29/06 561-750-31</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		