

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State

DOCUMENT # P04000024505

1. Entity Name
RUBEN'S CUSTOM PAINTING, INC.



08-31-2006 90009 001 ***500.00
08-31-2006 90009 002 ****50.00

Principal Place of Business

1524 ALABAMA AVE
KISSIMMEE, FL 34769

4115 Ione Court
Auburndale, FL 33823

Mailing Address

1524 ALABAMA AVE
KISSIMMEE, FL 34769

4115 Ione Court
Auburndale, FL 33823



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

74-3095992

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCLLOUD, SUSAN

1524 ALABAMA AVE

KISSIMMEE, FL 34769

4115 Ione Court
Auburndale, FL 33823

**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.

Susan McCloud

SIGNATURE

Susan McCloud, Secretary/Treasure

8-26-06

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

TITLE
NAME

P

HERNANDEZ, JOSE RUBEN

STREET ADDRESS

1524 ALABAMA AVE

4115 Ione Court

CITY - ST - ZIP

SAINT CLOUD, FL 34769

Auburndale, FL 33823

TITLE

ST

NAME

MCCLLOUD, SUSAN

STREET ADDRESS

1524 ALABAMA AVE

4115 Ione Court

CITY - ST - ZIP

ST. CLOUD, FL 34769

Auburndale, FL 33823

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**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:

Susan McCloud *Susan McCloud*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-26-06

Date

813-68

Daytime Phone #

307-0234