


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90107 036 ***150.00

DOCUMENT # P04000045737 1. Entity Name W. C. MOONEY PAINTING, INC.					
Principal Place of Business 36409 ST. JOE ROAD DADE CITY, FL 33523 US			Mailing Address 36409 ST. JOE ROAD DADE CITY, FL 33523 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MOONEY, VALERIE 36409 ST JOE ROAD DADE CITY, FL 33523				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRES		TITLE	PRES	
NAME	MOONEY, WILLIAM C		NAME	MOONEY, VALERIE	
STREET ADDRESS	36409 ST. JOE ROAD		STREET ADDRESS	36409 ST. JOE ROAD	
CITY-ST-ZIP	DADE CITY, FL 33523		CITY-ST-ZIP	DADE CITY, FL 33523	
TITLE	VP		TITLE		
NAME	MOONEY, VALERIE		NAME		
STREET ADDRESS	36409 ST. JOE ROAD		STREET ADDRESS		
CITY-ST-ZIP	DADE CITY, FL 33523		CITY-ST-ZIP		
TITLE	SEC		TITLE		
NAME	MOONEY, VALERIE		NAME		
STREET ADDRESS	36409 ST. JOE RD		STREET ADDRESS		
CITY-ST-ZIP	DADE CITY, FL 33523		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Valerie Mooney</u> <u>Valerie Mooney</u> <u>4-16-06</u> <u>523-1314</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right;"> <small>Date</small> <u>4-16-06</u> <small>Daytime Phone #</small> <u>523-1314</u> </div>					