

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90334 010 ***158.50

DOCUMENT # P04000059330 1. Entity Name DENNIS MCGOWAN PAINTING, INC.			
Principal Place of Business 1532 LINDALE CIRCLE LEHIGH ACRES, FL 33936		Mailing Address 1532 LINDALE CIRCLE LEHIGH ACRES, FL 33936	
2. Principal Place of Business 1500 N.W. 4TH AVE Suite, Apt. #, etc. 308		3. Mailing Address 1500 N.W. 4TH AVE Suite, Apt. #, etc. 308	
City & State BOCA RATON, FL. Zip 33432		City & State BOCA RATON, FL Zip 33432	
Country USA		Country USA	
4. FEI Number 20-0999324		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BASSETT, WARREN 1532 LINDALE CIR LEHIGH ACRES, FL 33936		7. Name and Address of New Registered Agent Name DENNIS MCGOWAN Street Address (P.O. Box Number is Not Acceptable) 1500 N.W. 4TH AVE APT 308 City BOCA RATON FL Zip Code 33432	
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 <u><i>Dennis McGowan</i></u> President DATE <u><i>4/26/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 NAME STREET ADDRESS CITY - ST - ZIP	P MCGOWAN, DENNIS W 1532 LINDALE CIR LEHIGH ACRES, FL 33936	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MCGOWAN DENNIS W 1500 N.W. 4TH AVE #308 BOCA RATON, FL. 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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><i>Dennis McGowan</i></u> Pres. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u><i>4/26/06</i></u> Daytime Phone # <u><i>561-929-6076</i></u>	

40074411



04032006 Chg-P CR2E034 (11/05)

ATTACHMENT

40072417
#P04000059330

To Whom it may concern:

Enclosed is a money order for \$158.85. This is my filing fee for annual report and a certificate of status which I have requested. Thank you very much for your help during the past year.

[Signature]