


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000060265	
1. Entity Name PJETRI PAINTING INC	

Principal Place of Business 12866 ELLIS ISLAND DRIVE JACKSONVILLE, FL 32224	Mailing Address 12866 ELLIS ISLAND DRIVE JACKSONVILLE, FL 32224
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DO NOT WRITE IN THIS SPACE



08172006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1016867	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PJETRI, DRITAN 12866 ELLIS ISLAND DRIVE JACKSONVILLE, FL 32224
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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 <i>Pietri Dritan</i>	<i>[Signature]</i>	DATE <i>08/16/06</i>
<small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PJETRI, JAK 2506 DON QUIXOTE CIRCLE JACKSONVILLE, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PJETRI, DRITAN 12866 ELLIS ISLAND DRIVE JACKSONVILLE, FL 32224
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08/21/06-80003-008 150.00

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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 667, 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.	
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SIGNATURE: <i>Pietri Dritan</i>	DATE: <i>08/16/06</i>	DAYTIME PHONE: <i>(904) 382-9363</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>DATE</small>	<small>DAYTIME PHONE #</small>