

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000064760

Entity Name: G. MCCREE PAINTING, INC.

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

4461 WEEPING WILLOW CIRCLE
CASSELBERRY, FL 32707 US

New Principal Place of Business:

1579 PINEHURST DRIVE
CASSELBERRY, FL 32707 US

Current Mailing Address:

4461 WEEPING WILLOW CIRCLE
CASSELBERRY, FL 32707 US

New Mailing Address:

1579 PINEHURST DRIVE
CASSELBERRY, FL 32707 US

FEI Number: 20-1015940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCREE, GARY A
4461 WEEPING WILLOW CIRCLE
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

MCCREE, GARY A
1579 PINEHURST DRIVE
CASSELBERRY, FL 32707 US

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.

SIGNATURE: GARY A. MCCREE

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: MCCREE, GARY A
Address: 4461 WEEPING WILLOW CIRCLE
City-St-Zip: CASSELBERRY, FL 32707 US

Title: VSD () Delete
Name: NIXON-MCCREE, HEATHER R
Address: 4461 WEEPING WILLOW CIRCLE
City-St-Zip: CASSELBERRY, FL 32707 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change () Addition
Name: MCCREE, GARY A
Address: 1579 PINEHURST DRIVE
City-St-Zip: CASSELBERRY, FL 32707 US

Title: VSD (X) Change () Addition
Name: NIXON-MCCREE, HEATHER R
Address: 1579 PINEHURST DRIVE
City-St-Zip: CASSELBERRY, FL 32707 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY A. MCCREE

PCD

05/01/2006

Electronic Signature of Signing Officer or Director

Date