


**2006 FOR PROFIT CORPORATION ,
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90048 036 ***150.00

DOCUMENT # P04000070539 1. Entity Name PRODIGAL SONS CUSTOM PAINTING INC.	
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Principal Place of Business 5111 QUAN DRIVE JACKSONVILLE, FL 32205	Mailing Address POST OFFICE BOX 41285 JACKSONVILLE, FL 32203
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DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1116451	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COLLIER, THOMAS 5111 QUAN DRIVE JACKSONVILLE, FL 32205

**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.

SIGNATURE _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLIER, THOMAS 5111 QUAN DRIVE JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLLIER, MICHAEL 5111 QUAN DRIVE JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLLIER, PATRICK 5111 QUAN DRIVE JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Thomas S. Collier 1/24/06 904 463-6793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #