


**2006 FOR PROFIT CORPORATION-
ANNUAL REPORT**

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

04-24-2006 90417 039 ***150.00

DOCUMENT # P04000081211
1. Entity Name
ED HERON PAINTERS, INC.



Principal Place of Business 6460 LAKE CIRCLE DRIVE STUART, FL 34997 US	Mailing Address 6460 LAKE CIRCLE DRIVE STUART, FL 34997 US
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66016871



04112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1731969	Applied For 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

HERON, EDWARD P
6460 LAKE CIRCLE DRIVE
STUART, FL 34997

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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: *Edward P. Heron* OWNER 5-11-06
Signature of Agent or Principal 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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERON, EDWARD P 6460 LAKE CIRCLE DRIVE STUART, FL 34997
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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 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: *Edward P. Heron* 5-15-06 772-288-2888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #