


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90030 017 \*\*\*150.00

DOCUMENT # P04000084431	
1. Entity Name STEVE MCMILLAN PAINTING, INC.	

Principal Place of Business 611 S. DIXIE DRIVE HOWEY-IN-THE-HILLS FL 34737 US	Mailing Address 611 S. DIXIE DRIVE HOWEY-IN-THE-HILLS FL 34737 US
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2. Principal Place of Business 54 LAVENDER LANE Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 1750 Suite, Apt. #, etc.
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City & State EUSTIS, FL Zip 32726 Country US	City & State EUSTIS, FL Zip 32737 Country US
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4. FEI Number 20-1213875	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCMILLAN, PAULETTE 611 S. DIXIE DRIVE HOWEY-IN-THE-HILLS FL 34737
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7. Name and Address of New Registered Agent Name PAULETTE MCMILLAN Street Address (P.O. Box Number is Not Acceptable) 54 LAVENDER LANE City EUSTIS FL Zip Code 32726
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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 Paulette McMillan PAULETTE MCMILLAN, SECRETARY 2/15/06  
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 Make Check Payable to Florida Department of State	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, T <input type="checkbox"/> Delete MCMILLAN, STEVE 611 S. DIXIE DRIVE HOWEY-IN-THE-HILLS FL 34737
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete MCMILLAN, PAULETTE 611 S. DIXIE DRIVE HOWEY-IN-THE-HILLS FL 34737
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MCMILLAN, STEVE 54 LAVENDER LANE EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MCMILLAN, PAULETTE 54 LAVENDER LANE EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: Paulette McMillan PAULETTE MCMILLAN 2/15/06 352-589-6011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #