

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 25, 2006 8:00 am**  
**Secretary of State**

05-25-2006 90013 048 \*\*\*150.00

40094295



<b>DOCUMENT # P04000084721</b> 1. Entity Name <b>HEART OF FLORIDA PAINTING INC.</b>					
Principal Place of Business <b>305 ED PADGETT RD LAKELAND, FL 33809</b>			Mailing Address <b>305 ED PADGETT RD LAKELAND, FL 33809</b>		
2. Principal Place of Business <b>8122 N SOCRUM LOOP</b> Suite, Apt. #, etc.		3. Mailing Address <b>8122 N SOCRUM LOOP</b> Suite, Apt. #, etc.			
City & State <b>LAKELAND FL</b> Zip <b>33809</b>		City & State <b>LAKELAND FL</b> Zip <b>33809</b>		4. FEI Number <b>20-2367042</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>PAIK</b>		Country <b>PAIK</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ELLISON, RICKEY J</b> <b>305 ED PADGETT RD</b> <b>LAKELAND, FL 33809</b>				7. Name and Address of New Registered Agent Name <b>RICKEY J ELLISON</b> Street Address (P.O. Box Number is Not Acceptable) <b>8122 N SOCRUM LOOP</b> City <b>LAKELAND</b> FL Zip Code <b>33809</b>	
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  DATE <b>5-22-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ELLISON, RICKEY J</b> <b>305 ED PADGETT RD</b> <b>LAKELAND, FL 33809</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ELLISON, RICKEY J</b> <b>8122 N SOCRUM LOOP</b> <b>LAKELAND FL 33809</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PROCHAZKA, LORETTA A</b> <b>305 ED PADGETT RD</b> <b>LAKELAND, FL 33809</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PROCHAZKA, LORETTA A</b> <b>8122 N SOCRUM LOOP</b> <b>LAKELAND FL 33809</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:			Date <b>5-22-06</b> Daytime Phone #		