

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000095947

1. Entity Name
LARRY'S SUPERIOR PAINTING INC.



Principal Place of Business
**1346 SILVER MAPLE WAY
JENSEN BEACH, FL 34957**

Mailing Address
**1346 SILVER MAPLE WAY
JENSEN BEACH, FL 34957**



02042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-1110271

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RUZZI, BRIAN
1346 SILVER MAPLE WAY
JENSEN BEACH, FL 34957**

**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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUZZI, BRIAN
STREET ADDRESS	1346 SILVER MAPLE WAY
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	VD
NAME	RUZZI, MARSHA
STREET ADDRESS	1346 SILVER MAPLE WAY
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	SD
NAME	GOODMAN, FRANK
STREET ADDRESS	2230 SW EDISON CIRCLE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953
TITLE	TD
NAME	TEED, MITCHELL
STREET ADDRESS	1346 SILVER MAPLE WAY
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000557034
05/17/06-80034-022 150.00

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06

Date

772-225-6727

Daytime Phone #