

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2006 8:00 am
Secretary of State

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03-23-2006 90022 012 ***150.00

DOCUMENT # P04000097270 1. Entity Name THE FAMILY PAINTING OF DESTIN, INC.					
Principal Place of Business 4000 GULF TERR DR 240 DESTIN FL 32541			Mailing Address 4000 GULF TERR DR 240 DESTIN FL 32541		
2. Principal Place of Business 186 Durango Rd. Suite, Apt. #, etc. Destin, FL 32541		3. Mailing Address 186 Durango Rd. Suite, Apt. #, etc. Destin, FL 32541			
City & State Destin, FL		City & State Destin, FL			
Zip 32541		Country USA		Zip 32541	
Country USA		Country USA			
6. Name and Address of Current Registered Agent BRAD CONGLETON CPA, INC. 50 UPTOWN GRAYTON CIRCLE 15 SANTA ROSA BEACH FL 32459			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, typewritten or printed name of registered agent and who is acceptable (NOTE: Registered Agent signature required when registering)					
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. ☐ \$5.00 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	P ESPINOSA, EDUARDO MORENO 4000 GULF TERR, # 246 DESTIN FL 32541	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ 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: <u>E. Espinosa</u> <u>3/11/06</u> <u>850-685-9677</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

66016707
#P04000097270

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 20-1296499 OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested Family Painting of Destin Inc					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 405 Linkside Drive			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code Destin FL 32541			5b City, state, and ZIP code		
6* County and state where principal business is located County Okaloosa State FL					
7a* Name of principal officer, general partner, grantor, owner, or trustee Eduardo Moreno Espinosa			7b* SSN, ITIN, EIN 950-77-8334		
8a* Type of entity (check only one) ☐ Sole Proprietor (SSN) ☐ Partnership ☒ Corporation (enter form number to be filed) ▶ Form 1120S ☐ Personal Service ☐ Church or church-controlled organization ☐ Other nonprofit organization (specify) ▶ ☐ Other (specify) ▶			☐ Estate (SSN of decedent) ☐ Plan administrator (SSN) ☐ Trust (SSN of grantor) ☐ National Guard ☐ Farmers' cooperative ☐ REMIC Group Exemption NO. (GEN) ▶		
8b* If a corporation, name the state or foreign country (if applicable) where incorporated			State FL		Foreign country
9* Reason for applying (check only one) ☐ Started new business (specify type) ☐ Hired employees (Check the box and see line 12) ☐ Compliance with IRS withholding regulations ☐ Other (specify) ▶			☐ Banking purpose (specify purpose) ▶ ☒ Changed type of organization (specify new type) ▶ Corporation ☐ Purchased going business ☐ Created a trust (specify type) ▶ ☐ Created a pension plan (specify type) ▶		
10* Date business started or acquired (month, day, year) JUN 1 2004			11* Closing month of accounting year DEC		
12 First date wages or annuities were paid or will be paid (month, day, year) Not e: if applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)					
13 Highest number of employees expected in the next twelve months Note: if the applicant does not expect to have any employees during the period, enter "0"			Agriculture		Ho usehold Other
14* Check box that best describes the principal activity of your business ☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Retail ☒ Other (specify) Painting			☐ Health care & social assistance ☐ Accommodation & food service		☐ Wholesale agent/broker ☐ Wholesale-other
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Painting					
16a* Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No Note if "Yes" please complete lines 16b and 16c					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN					
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee	Designee's name Brad Completion Address and ZIP code 50 Uptown Grayton Cir Santa Rosa Beach FL 32459			Designee's telephone number (include area code) (850) 231 - 0599 Designee's fax number (include area code) (877) 637 - 3874	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)				Applicant's telephone number (include area code)	