

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90343 031 \*\*\*150.00

**DOCUMENT # P04000098361**

1. Entity Name  
**AT YOUR SERVICE PROFESSIONAL PAINTING, INC.**



Principal Place of Business  
**6399 SE 55TH AVE  
CENTER HILL, FL 33514 US**

Mailing Address  
**PO BOX 248  
CENTER HILL, FL 33514 US**

**60028820**



2. Principal Place of Business  
**108 N. BAY STREET  
Suite, Apt. #, etc.  
# 308  
City & State  
EUSTIS, FL  
Zip  
32726**

3. Mailing Address  
**108 N. BAY ST.  
Suite, Apt. #, etc.  
# 308  
City & State  
EUSTIS  
Zip  
32726**

02282006 Chg-P CR2E034 (11/05)

4. FEI Number  
**83-0400558**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**ROPER, WAYNE A  
6399 S.E. 55TH AVE.  
CENTER HILL, FL 33514**

7. Name and Address of New Registered Agent  
Name  
**WAYNE ROPER**  
Street Address (P.O. Box Number is Not Acceptable)  
**108 N. BAY STREET  
# 308**  
City  
**EUSTIS FL** Zip Code  
**32726**

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 *Wayne A. Roper*  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>POTS ROPER, WAYNE A PO BOX 248 CENTER HILL, FL 33514</b> <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
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	<b>POTS WAYNE ROPER 108 N. BAY ST EUSTIS, FL 32726</b> <input checked="" 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
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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 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: *Wayne A. Roper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #