2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P04000121759**

1. Entity Name HARLAN PAINTING, INC.



FILED Mar 16, 2006 08:00 AM Secretary of State

Principal Place of Business

58 LORILLARD PLACE

ORMOND BEACH, FL 32174 US

Mailing Address

58 LORILLARD PLACE

ORMOND BEACH, FL 32174

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03132006

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-1551315 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

HARLAN, KENNETH R JR 58 LORILLARD PLACE ORMOND BEACH, FL 32174

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	named entity submits this statement for the $\rho$ lions of registered agent.	ourpose of changing its registere	d affice or r	egistered agent, or bo	offi, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	ri eppicable. (NOTE: Registered	I Agent signature	a required when reinstating)	CATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	<ol> <li>Election Campaign Finan- Trust Fund Contribution.</li> </ol>	cing 🔲	\$5.00 May Be Added to Fees	
18.	OFFICERS AND DIREC	CTORS			<del>)</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARLAN, KENNETH R JR. 58 LORILLARD PLACE ORMOND BEACH, FL 32174	- 1			000000470034 53727705-80028-824 15 <b>0.00</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

12. I hereby certify that the information supplied with this filing does not quality 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:

NAME STREET ADDRESS CITY-ST-ZIP

unith Harlan

\$ 13-06 386-615-9872