


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-24-2006 90454 011 \*\*\*150.00

<b>DOCUMENT # P04000126066</b>		
1. Entity Name <b>PREP-PLUS PAINTING, INC.</b>		
Principal Place of Business <b>2414 Los Robles</b> <b>1608 PENBROOK DR. SOUTH</b> <b>FERNANDINA BEACH FL 32034</b>	Mailing Address <b>2414 Los Robles</b> <b>1608 PENBROOK DR. SOUTH</b> <b>FERNANDINA BEACH FL 32034</b>	




2. Principal Place of Business <b>2414 Los Robles</b>	3. Mailing Address <b>2414 Los Robles</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State <b>Fernandina Beach, Fl.</b>	City & State <b>Fernandina Beach, Fl.</b>
Zip <b>32034</b>	Zip <b>32034</b>
Country <b>USA</b>	Country <b>USA</b>


4. FEI Number <b>30-0269743</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
 <b>William Duenas</b> <b>2414 Los Robles Dr.</b> <b>Fernandina, FL 32034</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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  DATE **4/11/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

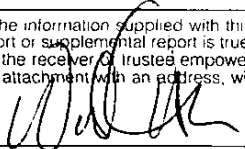
**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>DUENAS, WILLIAM J</b>
STREET ADDRESS	<b>1608 PENBROOK DR. SOUTH</b>
CITY - ST - ZIP	<b>FERNANDINA BEACH FL 32034</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>DUENAS, CAROLYN</b>
STREET ADDRESS	<b>1608 PENBROOK DR. SOUTH</b>
CITY - ST - ZIP	<b>FERNANDINA BEACH FL 32034</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:  **WILLIAM DUENAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **4/11/06**

Daytime Phone #