2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000159837

1. Entity Name
ARDI PAINTING, INC.

JUU22U67

06252006   No Chg-P   CR2E034 (11/05)

Principal Place of Business	Mailing Address
4679 MILL STATION PL	4679 MILL STATION PL
JACKSONVILLE, FL 32257	JACKSONVILLE, FL 32257

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
26-0099844	Not Applicable

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

6. Name and Address of Current Registered Agent

ZADRIMA, RROK
4679 MILL STATION PL
JACKSONVILLE, FL 32257

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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 _RRPK ZADRIMA_ _RROK ZADRIMA_ _6-26-06_

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 **Due by September 6, 2006**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ZADRIMA, RROK
STREET ADDRESS	4679 MILL STATION PL
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	D
NAME	ZADRIMA, ARDIAN
STREET ADDRESS	4679 MILL STATION PL
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _RRok ZADRIMA_ _RROK ZADRIMA_ _6-26-06_ _(904) 472-8692_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #