2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2006
Secretary of State

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Entity Name: H&D PAINTING OF BARTOW INCORPORATED

Current Principal Place of Business:

1405 GORDON AVE S
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

PO BOX 5092
LAKELAND, FL 33807

New Mailing Address:

FEI Number: 26-0102427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, HEATHER N
1405 GORDON AVE S
BARTOW, FL 33830 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PSD	( ) Delete
Name:	WILLIAMS, HEATHER N	
Address:	1405 GORDON AVE S	
City-St-Zip:	BARTOW, FL 33830	
Title:	VP	( ) Delete
Name:	BEARD, RONALD	
Address:	2240 NICHOLS RD	
City-St-Zip:	LITHIA, FL 33547	
Title:	VPD	( ) Delete
Name:	WILLIAMS, JAMES	
Address:	1405 GORDON AVE., S.	
City-St-Zip:	BARTOW, FL 33830	
Title:	VP	(X) Delete
Name:	MARTIN, WAYNE	
Address:	4053 N WILLOW DR.	
City-St-Zip:	MULBERRY, FL 33860	
Title:	VP	(X) Delete
Name:	TELLES, ELENA M	
Address:	640 ORRIN AVE SW	
City-St-Zip:	WINTER HAVEN, FL 33880	
Title:	VPTD	(X) Delete
Name:	NERAD, DAVID A	
Address:	2826 HIGHVIEW BEND	
City-St-Zip:	LAKELAND, FL 33813	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	DAVID, NERAD A	
Address:	5016 FAIRFAX EAST	
City-St-Zip:	LAKELAND, FL 33813	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A NERAD TREA 04/09/2006

Electronic Signature of Signing Officer or Director — Date