

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/1/2006-90296-025-\$158.75-\$158.75

FILED

06 JUN -5 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/05)

**DOCUMENT # P05000001859**

1. Entity Name  
**LAWLESS PAINTING INC.**



Principal Place of Business  
1108 BLUE SKY PLACE  
DOVER FL 33527  
US

Mailing Address  
1108 BLUE SKY PLACE  
DOVER FL 33527  
US

2. Principal Place of Business  
11603 Cowpoke Ln  
Suite, Apt. #, etc.  
Thonotosassa FL

3. Mailing Address  
11603 Cowpoke Ln  
Suite, Apt. #, etc.  
Thonotosassa FL

City & State  
33592  
Thonotosassa FL

Zip  
33592  
Hillsborough

4. FEI Number  
34-2030285

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
LAWLESS, CHARLES D SR.  
1108 BLUE SKY PLACE  
DOVER FL 33527

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
11603 Cowpoke Ln  
City  
Thonotosassa FL  
Zip Code  
33592

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  
[Signature]  
[Signature typed or printed name of registered agent and title if applicable]

DATE  
4-16-06

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Charles D. Lawless 11603 Cowpoke Ln Thonotosassa, FL 33592	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
4-16-06

DAYTIME PHONE #  
(813) 333-3031