

* To Whom it may concern, Please
**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

FILED
Jul 06, 2006 8:00 am
Secretary of State

05-26-2006 90014 036 ***150.00

DOCUMENT # P05000004667 1. Entity Name J&A CUSTOM PAINTING INC					
Principal Place of Business 127 RAY VECCHINO MARY ESTHER, FL 32501			Mailing Address 127 RAY VECCHINO MARY ESTHER, FL 32501		
2. Principal Place of Business (County) Santa Rosa, & Escambia			3. Mailing Address P.O. Box 6582		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Pensacola, FL (Surrounding)			City & State Pensacola, FL 32503		
Zip 			Zip 		
Country 			Country 		
4. FEI Number 20-2128140			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LILES, JULIUS A 127 RAY VECCHINO MARY ESTHER, FL 32501			7. Name and Address of New Registered Agent Name Julius Liles Street Address (R.O. Box Number is Not Acceptable) 855 Barth Rd City Molino, FL Zip Code 32571		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 5-8-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P <input type="checkbox"/> Delete LILES, JULIUS A 127 RAY VECCHINO MARY ESTHER, FL 32501		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Harry N. Hoffman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Void, J.L. James Huffman 713 C Creechwood Mary Esther, FL 32569	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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	
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: Julius Liles <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 5-23-06 DAYTIME PHONE # 850-602-6348		