


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90016 041 ***150.00

DOCUMENT # P05000008853	
1. Entity Name WINSTON PAINTING & PAPERHANGING, INC.	

Principal Place of Business 9679 BAY HARBOR CIRCLE #201 FT MYERS, FL 33919	Mailing Address 9679 BAY HARBOR CIRCLE #201 FT MYERS, FL 33919
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2. Principal Place of Business 14665 Calusa Palms Dr.	3. Mailing Address 14665 Calusa Palms Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State FT Myers, FL	City & State FT Myers FL
Zip 33919	Country LEE
Zip 33919	Country LEE

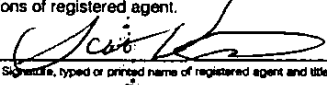


02222006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent WINSTON, SCOTT 9679 BAY HARBOR CIRCLE #201 FT MYERS, FL 33919	
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4. FEI Number 59-3795333	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name Winston, Scott Street Address (P.O. Box Number is Not Acceptable) 14665 Calusa Palms Dr City FT Myers FL Zip Code 33919	

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.

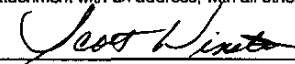
SIGNATURE  DATE **2/26/06**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINSTON, SCOTT 9679 BAY HARBOR CIRCLE #201 FT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINSTON, SCOTT 14665 Calusa Palms Dr FT MYERS, FL 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINSTON, WENDY 9679 BAY HARBOR CIRCLE #201 FT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINSTON, WENDY 14665 Calusa Palms Dr FT MYERS, FL 33919 <input checked="" 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
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:  **Scott Winston** **2/26/06 (239) 989-3369**

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