

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90308 022 \*\*\*150.00

400600000



02072006 Chg-P CR2E034 (11/05)

4. FEI Number **90-2395858** Applied For  
Not Applicable

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

**DOCUMENT # P05000029000**

1. Entity Name  
**JC ANCHOR PAINTING CORP.**



Principal Place of Business  
**2602 OAK HAVEN  
APT 107  
ORLANDO, FL 32839**

Mailing Address  
**2602 OAK HAVEN  
APT 107  
ORLANDO, FL 32839**

2. Principal Place of Business  
**12358 ARLINGTON PARK LN**

3. Mailing Address  
**12358 ARLINGTON PARK LN**

Suite, Apt. #, etc.  
**ORLANDO, FL 32824**

Suite, Apt. #, etc.  
**ORLANDO, FL**

City & State  
**ORLANDO, FL 32824**

City & State  
**ORLANDO, FL**

Zip  
**32824**

Zip  
**32824**

6. Name and Address of Current Registered Agent  
**COSTA, CARLOS H  
2602 OAK HAVEN  
APT 107  
ORLANDO, FL 32839**

7. Name and Address of New Registered Agent  
Name **COSTA, CARLOS H**  
Street Address (P.O. Box Number is Not Acceptable)  
**12358 ARLINGTON PARK LN**  
City **ORLANDO** State **FL** Zip Code **32824**

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 **Carlea Fonseca**

DATE **08/07/06**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D COSTA, CARLOS H 2602 OAK HAVEN APT 107 ORLANDO, FL 32839	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP.D DA FONSECA, JARLEA P 2602 OAK HAVEN APT 107 ORLANDO, FL 32839	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COSTA, CARLOS H 12358 ARLINGTON PARK LN ORLANDO, FL 32824	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP.D DA FONSECA, JARLEA P 12358 ARLINGTON PARK LN ORLANDO, FL 32824	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: **Carlea Fonseca**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **08/07/06**  
Date Daytime Phone #