

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2006 8:00 am
Secretary of State

08-14-2006 90037 005 ***150.00

DOCUMENT # P05000031685 1. Entity Name CRIMSON FLOW PAINTING, INC.			
Principal Place of Business 1747 EAGLE STREET CANTONMENT, FL 32533		Mailing Address 1747 EAGLE STREET CANTONMENT, FL 32533 US	
2. Principal Place of Business 8557 BLUE JAY WAY Suite, Apt. #, etc.		3. Mailing Address 6616 CORTENA DR. Suite, Apt. #, etc.	
City & State PENSACOLA, FL Zip 32534 Country USA		City & State HAZELWOOD, MD. Zip 63042 Country USA	
4. FEI Number 20-2447981		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 CALDWELL, MICHAEL A 1747 EAGLE STREET CANTONMENT, FL 32533		7. Name and Address of New Registered Agent Name CALDWELL, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 8557 BLUE JAY WAY City PENSACOLA, FL Zip Code 32534	
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>		MICHAEL A. CALDWELL 08-07-06 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALDWELL, MICHAEL A 1747 EAGLE STREET CANTONMENT, FL 32533 <input checked="" type="checkbox"/> Delete ADDRESS ONLY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CALDWELL, MICHAEL A 8557 BLUE JAY WAY PENSACOLA, FL 32534 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS ONLY
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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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:		MICHAEL A. CALDWELL 08-07-06 (850) 454-6415 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	