

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000033523

FILED
Feb 20, 2006
Secretary of State

Entity Name: SIMPSON PAINTING OF CENTRAL FL INC

Current Principal Place of Business:

4526 DAY COURT
LOCKHEART, FL 32810

New Principal Place of Business:

124 EDGEWOOD DRIVE
APOPKA, FL 32703

Current Mailing Address:

4526 DAY COURT
LOCKHEART, FL 32810

New Mailing Address:

124 EDGEWOOD DRIVE
APOPKA, FL 32703

FEI Number: 20-2483198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMPSON, MICHAEL
4526 DAY COURT
LOCKHEART, FL 32810 US

Name and Address of New Registered Agent:

SIMPSON, MICHAEL
124 EDGEWOOD DRIVE
APOPKA, FL 32703 US

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.

SIGNATURE: MICHAEL SIMPSON

02/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, T () Delete
Name: SIMPSON, MICHAEL
Address: 4526 DAY COURT
City-St-Zip: LOCKHEART, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, T (X) Change () Addition
Name: SIMPSON, MICHAEL
Address: 124 EDGEWOOD DRIVE
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SIMPSON

PRES

02/20/2006

Electronic Signature of Signing Officer or Director

Date