

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90220 047 ***150.00

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1. Entity Name
SON & DEE'S DECOR PAINTING & HOME DECORATING,
INC.



Principal Place of Business
2030 NORTH SEACREST BLVD.
BOYNTON BEACH, FL 33435

Mailing Address
2030 NORTH SEACREST BLVD.
BOYNTON BEACH, FL 33435

40081010



2. Principal Place of Business
406 W. Mango St.

3. Mailing Address
406 W. Mango St.

04252006 Chg-P CR2E034 (11/05)

City & State
Ldntgnd, FL

City & State
Ldntgnd, FL

4. FEI Number
33-1113150

Applied For
Not Applicable

Zip
33462-2837

Country

Zip
33462-2837

Country

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

6. Name and Address of Current Registered Agent-

7. Name and Address of New Registered Agent

ACCURATE ACCOUNTING AFFILIATES, INC.
1101 N. CONGRESS AVENUE
SUITE 204
BOYNTON BEACH, FL 33426

Name Doyle, Sondai
Street Address (P.O. Box Number is Not Acceptable)
406 W. Mango St.
City Ldntgnd FL Zip Code 33462-2837

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME DOYLE, SONDAI
STREET ADDRESS 2040 SEACREST BLVD. 406 W. Mango St
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE P
NAME DOYLE, SONDAI
STREET ADDRESS 406 W. Mango St
CITY-ST-ZIP Ldntgnd, FL 33462-2837

TITLE SEC
NAME DOYLE, DIANETTE
STREET ADDRESS 2040 SEACREST BLVD.
CITY-ST-ZIP BOYNTON BEACH, FL 33426

TITLE SEC
NAME DOYLE, DIANETTE
STREET ADDRESS 406 W. Mango St
CITY-ST-ZIP Ldntgnd, FL 33462-2837

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #