


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-13-2006 90300 035 ***158.75

DOCUMENT # P05000055990 1. Entity Name HOWARD'S RESIDENTIAL PAINTING&DEVELOPMENT COMPANY																													
Principal Place of Business 202 SOUTH O STREET #5 LAKE WORTH, FL 33460			Mailing Address 202 SOUTH O STREET #5 LAKE WORTH, FL 33460																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip		City & State Zip		Country																									
4. FEI Number				Applied For <input checked="" type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent HOWARD, DAVID M 202 SOUTH O STREET #5 LAKE WORTH, FL 33460			7. Name and Address of New Registered Agent Name <u>Howard, David M.</u> Street Address (P.O. Box Number is Not Acceptable) <u>612 N. Federal Hwy</u> Apt. # <u>6</u> City <u>Lakeworth</u> FL Zip Code <u>33460</u>																										
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when restateing) DATE <u>4-10-06</u>																													
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																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D HOWARD, DAVID M</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>202 SOUTH O STREET #5</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>LAKE WORTH, FL 33460</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	D HOWARD, DAVID M	<input type="checkbox"/> Delete	NAME	202 SOUTH O STREET #5		STREET ADDRESS	LAKE WORTH, FL 33460		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>4-10-06</u> Daytime Phone #																									