

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90036 039 ***150.00

DOCUMENT # P05000058942

1. Entity Name

CHRISTIAN'S CUSTOM COLORS, INC.



Principal Place of Business

1714 CALHOUN AVENUE
PANAMA CITY FL 32405

Mailing Address

1714 CALHOUN AVENUE
PANAMA CITY FL 32405

317 Transmitter Rd.

317 Transmitter Rd.

Springfield, FL 32401

Springfield, FL 32401

2. Principal Place of Business

HOME

3. Mailing Address

SAME

Suite, Apt. #, etc.

317 TRANSMITTER RD.

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/06)

City & State

SPRINGFIELD

City & State

FLORIDA

4. FEI Number

47-0952544

Applied For

Not Applicable

Zip

Country

Zip

Country

32401

USA

32401

U.S.A.

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

CHRISTIAN, LANCE A
1714 CALHOUN AVENUE
PANAMA CITY FL 32405

317 Transmitter Rd.

Springfield, FL 32401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Lance A Christian

Sept 2, 2006

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

No

10. OFFICERS AND DIRECTORS

TITLE	D OWNER	<input type="checkbox"/> Delete
NAME	CHRISTIAN, LANCE A	
STREET ADDRESS	1714 CALHOUN AVENUE	
CITY - ST - ZIP	PANAMA CITY FL 32405	317 Transmitter Rd. Springfield FL
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Lance A Christian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/2/06 (850) 541-4329

Daytime Phone #