


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90177 043 \*\*\*150.00

<b>DOCUMENT # P05000059782</b>	
1. Entity Name <b>NEW IMAGE PAINTING &amp; GLASS, INC.</b>	

Principal Place of Business <b>818 S REGENT CIRCLE BRANDON FL 33511 US</b>	Mailing Address <b>818 S REGENT CIRCLE BRANDON FL 33511 US</b>
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2. Principal Place of Business <b>412 Margot Ct</b>	3. Mailing Address <b>Same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

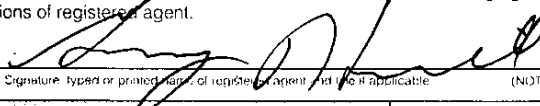
City & State <b>Brandon FL</b>	City & State <b>Same</b>
Zip <b>33511</b>	Country <b>U.S.</b>

4. FEI Number <b>57-0541936</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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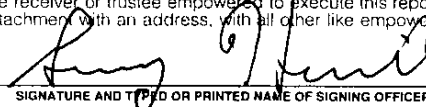
6. Name and Address of Current Registered Agent <b>HARVILL, GARY 818 S REGENT CIRCLE BRANDON FL 33511</b>	
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7. Name and Address of New Registered Agent Name <b>Gary Harvill</b> Street Address (P.O. Box Number is Not Acceptable) <b>412 Margot Ct</b> City <b>Brandon</b> FL Zip Code <b>33511</b>	
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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 	DATE

<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HARVILL, GARY 818 SOUTH REGENT CIRCLE BRANDON FL 33511</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Gary Harvill 412 Margot Ct Brandon FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  <b>Gary Harvill</b>	Date <b>2-14-06</b>