

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVE  
AND  
FILED

06 APR 29 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000060213

1. Entity Name  
RELIABLE CUSTOM PAINTING CORP.



Principal Place of Business

219 KENT CT  
TALLAHASSEE, FL 32305

Mailing Address

219 KENT CT  
TALLAHASSEE, FL 32305

2. Principal Place of Business

4801 Brittany Blvd

3. Mailing Address

SAME



04282006 Chg-P CR2E034 (11/05)

City & State

Tallahassee FL

City & State

Tallahassee FL

4. FEI Number

34-2044880

Applied For

Not Applicable

Zip

32303

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GUERVARA, GUSTAVO

219 KENT CT  
TALLAHASSEE, FL 32305

Name

4801 Brittany Blvd

City

Tallahassee

FL

Zip Code

32303

7. Name and Address of New Registered Agent

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

X Gus Pueran

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-06

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

TITLE P  
NAME GUEVARA, GUSTAVO  
STREET ADDRESS 219 KENT CT  
CITY-ST-ZIP TALLAHASSEE, FL 32305

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 4801 Brittany Blvd  
CITY-ST-ZIP Tallahassee FL 32303

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

X Gus Pueran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-28-06

Daytime Phone #