


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2006 8:00 am
Secretary of State

08-11-2006 90001 032 ***150.00

DOCUMENT # P05000062751	
1. Entity Name J P WEST COAST PAINTING, INC.	

Principal Place of Business 3036 CYPRESS GREEN DRIVE PALM HARBOR, FL 34684 US	Mailing Address 3036 CYPRESS GREEN DRIVE PALM HARBOR, FL 34684 US
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50024969

2. Principal Place of Business 3100 S. CANAL DRIVE Suite, Apt. #, etc.	3. Mailing Address 3100 S. CANAL DRIVE Suite, Apt. #, etc.
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07172006 Chg-P CR2E034 (11/05)

City & State PALM HARBOR, FL	City & State PALM HARBOR, FL
Zip 34684	Country PINELLAS

4. FEI Number 202731362	Applied For Not Applicable
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6. Name and Address of Current Registered Agent PLASAN, JOSEPH H SR. 3036 CYPRESS GREEN DRIVE PALM HARBOR, FL 34684	
7. Name and Address of New Registered Agent Name PLASAN, JOSEPH H, SR. Street Address (P.O. Box Number is Not Acceptable) 3100 S. CANAL DRIVE City PALM HARBOR FL Zip Code 34684	

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PLASAN, JOSEPH H SR. 3036 CYPRESS GREEN DRIVE PALM HARBOR, FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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: Joseph Plasan JOSEPH PLASAN 7/27/2006 727-687-0489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #