

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2006 8:00 am**  
**Secretary of State**

08-15-2006 90005 001 \*\*\*150.00

<b>DOCUMENT # P05000079514</b> 1. Entity Name <b>MARLIN BALLOU PAINTING INC</b>			
Principal Place of Business <b>1544 CULVER HOUSE DRIVE HOLLY HILL, FL 32117</b>		Mailing Address <b>1544 CULVER HOUSE DRIVE HOLLY HILL, FL 32117</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1515 Ridgewood Ave</b> Suite, Apt. #, etc. <b>A</b>	
City & State		City & State <b>Holly Hill FL</b>	
Zip	Country	Zip <b>32117</b>	Country
6. Name and Address of Current Registered Agent  <b>LOGUIDICE, JOE 1515 RIDGEWOOD AVE A HOLLY HILL, FL 32117</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           SIGNATURE _____  <small>Signature, typed or printed name of registered agent and if applicable</small> </div> <div style="width: 40%; text-align: center;">   <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <b>8/10/06</b>  <small>DATE</small> </div> </div>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BALLOU, MARLIN 1544 CULVER HOUSE DR HOLLY HILL, FL 32117</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	--	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	--	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	--	<input type="checkbox"/> Delete	<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.			
<b>SIGNATURE: </b>		<b>8/10/06</b> <span style="float: right;"><b>252-8259</b></span>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	