



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90042 047 ***150.00

DOCUMENT # P05000082801 1. Entity Name J.R.'S PROFESSIONAL PAINTING INC.					
Principal Place of Business 3315 E. MAIN ST., LOT 14 LAKELAND, FL 33801			Mailing Address 3315 E. MAIN ST., LOT 14 LAKELAND, FL 33801		
2. Principal Place of Business 802 W. Bridgers Ave <small>Suite, Apt. #, etc.</small> Lot #1		3. Mailing Address 802 W. Bridgers Ave. <small>Suite, Apt. #, etc.</small> Lot #1		40014128 	
City & State Auburndale, FL		City & State Auburndale, FL		02112006 Chg-P CR2E034 (11/05)	
Zip 33823-3125		Country Polk		4. FEI Number 20-2979356	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TODD, WILLIAM 3315 E. MAIN ST., LOT 14 LAKELAND, FL 33801			7. Name and Address of New Registered Agent Name Todd, William Street Address (P.O. Box Number is Not Acceptable) 802 W. Bridgers Ave. Lot #1 City Auburndale FL Zip Code 33823-3125		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete TODD, WILLIAM 3315 E. MAIN ST., LOT 14 LAKELAND, FL 33801		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Todd, William 802 W. Bridgers Ave. Lot #1 Auburndale, FL 33823-3125	
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	
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	
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	
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	
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: <i>William Todd Jr</i> <i>2/15/06</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					