

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000089683

FILED
Nov 08, 2006
Secretary of State

Entity Name: A & B PAINTING AND RESTORATION COMPANY

Current Principal Place of Business:

218 NORTH E STREET
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

POBOX 6285
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 20-3600452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVA, KALENA
218 N E STREET
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: OFF () Delete
Name: OLIVA, KALENA
Address: POBOX 6285
City-St-Zip: PENSACOLA, FL 32503

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: OFF () Change (X) Addition
Name: OLIVIA, JAMES
Address: 216 NORTH E STREET
City-St-Zip: PENSACOLA, FL 32501 US

Title: OFF () Change (X) Addition
Name: OLIVA, DIANA C
Address: 218A NORTH E STREET
City-St-Zip: PENSACOLA, FL 32501 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KALENA OLIVA

OFF

11/08/2006

Electronic Signature of Signing Officer or Director

Date