

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90452 039 ***150.00

DOCUMENT # P05000102985

1. Entity Name
PAGE'S PAINT, INC.



Principal Place of Business
**1114 WHITE STREET
KEY WEST, FL 33040 US**

Mailing Address
**P.O. BOX 1199
KEY WEST, FL 33040 US**

50015286



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03252006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

20-3196444

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRANT, KARLEEN A
604 WHITEHEAD STREET
KEY WEST, FL 33040**

7. Name and Address of New Registered Agent

Name

Andy B. Strunk

Street Address (P.O. Box Number is Not Acceptable)

1101 Eaton St

City

Key West

FL

Zip Code

33041

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

Andy B. Strunk

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/06

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D
STRUNK, ANDY B
1101 EATON STREET
KEY WEST, FL 33040** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP/D
STRUNK, STEPHEN S
1101 EATON STREET
KEY WEST, FL 33040** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/D
STRUNK, PHYLLIS B
1101 EATON STREET
KEY WEST, FL 33040** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
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☐ 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:

Phyllis B. Strunk

4-10-06

305-296-9091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #