

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90036 019 ***150.00

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02092006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000107543 1. Entity Name WESTPHAL PAINTING, INC			
Principal Place of Business 13527 MISARDEN LN WINDERMERE, FL 34746		Mailing Address 13527 MISARDEN LN WINDERMERE, FL 34746	
2. Principal Place of Business 13527 MISARDEN LN <small>Suite, Apt. #, etc.</small>		3. Mailing Address 13527 MISARDEN LN <small>Suite, Apt. #, etc.</small>	
City & State WINDERMERE, FL Zip 34786		City & State WINDERMERE, FL Zip 34786	
4. FEI Number 20-3944495		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WESTPHAL, MAX 2012 DERBY GLEN DR ORLANDO, FL 32837		7. Name and Address of New Registered Agent Name WESTPHAL, MAX Street Address (P.O. Box Number is Not Acceptable) 13527 MISARDEN LN City & State WINDERMERE, FL	
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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 02/09/06	
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 WESTPHAL, MAX 13527 MISARDEN LN WINDERMERE, FL 34746	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P WESTPHAL, MAX 13527 MISARDEN LN WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WESTPHAL, EVENIR 13527 MISARDEN LN WINDERMERE, FL 34746	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WESTPHAL, EVENIR 13527 MISARDEN LN WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V WESTPHAL, ANA 13527 MISARDEN LN WINDERMERE, FL 34746	TITLE NAME STREET ADDRESS CITY- ST- ZIP	V WESTPHAL, ANA 13527 MISARDEN LN WINDERMERE, FL 34786
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 02/09/06	