

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 14, 2006 8:00 am  
Secretary of State**

04-14-2006 90141 030 \*\*\*150.00

**DOCUMENT # P05000110783**



1. Entity Name  
**DECORATIVE DESIGNS COATINGS AND  
RESURFACING, INC.**

Principal Place of Business  
3042 LANTANA CIRCLE  
AUBURNDALE, FL 33823 US

Mailing Address

3042 LANTANA CIRCLE  
AUBURNDALE, FL 33823 US

2. Principal Place of Business  
**1195 Loop Rd.**

Suite, Apt. #, etc.

3. Mailing Address

**1195 Loop Rd**

Suite, Apt. #, etc.

City & State  
**Auburndale, Fla**

City & State

**Auburndale, Fla**

Zip

**33823**

Country

**US**

Zip

**33823**

Country

**US**

4. FEI Number  
**86-1145813**

Applied For

Not Applicable

5. Certificate of Status Desired  
 **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

BALLINGER, TONY R  
3042 LANTANA CIRCLE  
AUBURNDALE, FL 33823

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

**VP  
BALLINGER, TONY R  
3042 LANTANA CIRCLE  
AUBURNDALE, FL 33823**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P  
BALLINGER, KAREN S  
3042 LANTANA CIRCLE  
AUBURNDALE, FL 33823**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Amber Ballinger***

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #