


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90430 001 \*\*\*150.00

<b>DOCUMENT # P05000125273</b>																																													
<b>1. Entity Name</b> JAMES GARREN PAINTING, INC.																																													
<b>Principal Place of Business</b> 2013 TENNYSON ST., APT. B LAKE LAND, FL 33801			<b>Mailing Address</b> 2013 TENNYSON ST., APT. B LAKE LAND, FL 33801																																										
<b>2. Principal Place of Business</b> 1441 MARIGOLD DR Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1441 MARIGOLD DR. Suite, Apt. #, etc.																																											
<b>City &amp; State</b> LAKE LAND FL Zip 33811 Country POLK		<b>City &amp; State</b> LAKE LAND FL Zip 33811 Country POLK		<b>4. FEI Number</b> 20-3477437																																									
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> <input type="checkbox"/> Not Applicable																																									
<b>6. Name and Address of Current Registered Agent</b> GARREN, JAMES 2013 TENNYSON ST., APT. B LAKE LAND, FL 33801			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 1441 MARIGOLD DR. City LAKE LAND FL Zip Code 33811																																										
<b>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.</b> SIGNATURE <u>James Garren</u> <u>James Garren</u> <u>4-29-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>																																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																											
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																																										
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<b>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.</b>																																													
<b>SIGNATURE:</b> <u>James Garren</u> <u>James Garren</u> <u>4-29-06</u> <u>863-286-6917</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																													