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2006 FOR PROFIT GORPORATION ANNUAL REPORT

1. Entity Nam	DOCUMENT # P05000125459 Entity Name TOM KING PAINTING INC.							F L 06 AUG 24	prome Crists.	
· .	ace of Business Maiting Address Y SHORES DR. #8 BONNY SHORES DR. I, FL 33801 LAKELAND, FL 33801				·	_	·	LOHLIARY LLAHASSEE	OF STATE I. FLORIDA	
2. Principal Place of Business #162 Bonny Shoves DR #162 Bonny Shoves DR Suite, Apt. #, etc. 3. Mailing Address #162 Bonny Shoves DR Suite, Apt. #, etc.							08122006	Chg-P	CR2E034 (11/05	
City & State	Pland FL Lakeland, 1					. N	4. FEI Numb		73 \$8.75 A	Applied For Not Applicable
3380	6. Name a	and Address of Curi	rent Regis	3 SO	<u>us</u>	<u>H</u>		Address of New Re	Fee Requestions	ired
KING, TOM L #8 BONNY SHORES DR. LAKELAND, FL 33801 Name TOM L Street Address (P.O. Box Number is Not Acceptable) ## BOYNY Shores Dr. ## BOYNY Shores Dr.										
City 1 A Ke									FL Zig Cu	3de () /
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. Lam familiar with, and accept the obligations of registered agent.										
SIGNATURE										
							5.00 May Be dded to Fees		ith s. 607.193(2)(b not receive the pric	
10.	OFFICERS AND DIRECTORS 11.						ADDITIONS	CHANGES TO OFFI		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KING, TOM L #8 BONNY SHORES DR.					TITLE NAME King, Tom L STREET ADDRESS (IV-ST-ZIP Lakeland, FL 3380/				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					TITLE NAME STREET AL CITY-ST-	DDRESS H	Ting, Tom L tlos Bonny Shores DR			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete					Addition Change Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET AL CITY-ST-		03/15/06 90104 025 \$150.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET AL CITY-ST-				☐ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET AC CITY-ST-	1			Chang	e 📑 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OP DIRECTOR) Day Device Phone #										
268/24										

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TOM KING PAINTING INC. #162 BONNY SHORES DRIVE LAKELAND, FL 33801

8/12/2006

Florida Department of State Secretary of State Sue M. Cobb Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: P05000125459
Tom King Painting Inc.
Notice of Intent to Dissolve

Dear Sir or Madame:

Please find enclosed copies of bank statement showing the check written to Florida Department of State and copy of 2006 For Profit Corporation Annual Report.

Please process the 2006 For Profit Corporation Annual Report and disregard the Notice of Intent to Dissolve.

Thank you in advance for your prompt attention to this matter.

Im of

Tom L King

President