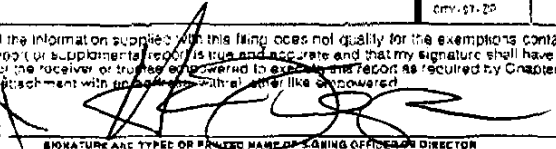


FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90430 008 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000126774			
1. Entity Name JENNINGS PAINTERS, INC.			
Principal Place of Business 9706 NE 108TH AVENUE GAINESVILLE, FL 32609		Mailing Address 9706 NE 108TH AVENUE GAINESVILLE, FL 32609	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 20-3473294		Applied For Not Applicable	
5. Certificate of Status Desired ☐		58.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRUMMOND, DONALD L EA 263 N TEMPLE AVENUE STARKE, FL 32081		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 _____ 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-STATE-ZIP	P JENNINGS, HEATHER C 9706 NE 108TH AVENUE GAINESVILLE, FL 32609	☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP BARBER, PAUL E 9706 NE 108TH AVENUE GAINESVILLE, FL 32609	☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	
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 affidavit, without other like approval.			
SIGNATURE: 		DATE: _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SAVING OFFICER OR DIRECTOR		DATE	

50018319



04212008 Chg-P CR2E034 (11/05)

ATTACHMENT

Drummond • Financial • Services

Enrolled To Practice Before The I.R.S.

263 N. Temple Ave. Starke, FL 32091

Phone (904) 964-8335

Fax (904) 964-8532

Donald L. Drummond, E.A.



Member N.A.E.A.

INSTRUCTIONS FOR FILING ATTACHED TAX RETURN

TO: Jennings Printing Inc. PERIOD ENDING: 2006 UBR

TAX RETURN

DUE DATE

TAX DUE

: UBR
 : 4/3/06
 : \$150.00

PAYMENT: ☒ IN FULL OR ☐ AS FOLLOWS

REFUND DUE: \$ _____ WILL BE CREDITED TO THE _____ QUARTER.

OR \$ _____ WILL BE REFUNDED TO YOU.

SIGNATURE:

THE RETURN MUST BE SIGNED AT Bottom
OF FORM UBR BY Heather (BY RED ✓).

MAIL INSTRUCTIONS: RETURN, AND REMITTANCE IF ANY, SHOULD BE:

Mail to: Division of Corporations
 PO BOX 1500
 Tallahassee, FL
 32302-1500

SPECIAL INSTRUCTIONS:

Make check payable to: Florida Dept. of State for
 \$150.00, Put "20-3473294, UBR 2006" in memo part of check.