

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2006 8:00 am
Secretary of State

08-30-2006 90001 027 ***158.75

DOCUMENT # P05000135625 1. Entity Name RUDY'S PROFESSIONAL PAINTERS, INC					
Principal Place of Business 3201 FLAGLER AVE 501 KEY WEST, FL 33040			Mailing Address 3201 FLAGLER AVE 501 KEY WEST, FL 33040		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 592599788	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BROOMFIELD, JAMES S 105 GOLF CLUB DR KEY WEST, FL 33040			7. Name and Address of Now Registered Agent Name Patricia A. Eables, Esq. Street Address (P.O. Box Number is Not Acceptable) Horan & Wallace, LLP 608 Whitehead Street City Key West FL Zip Code 33040		
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 <u><i>Patricia A. Eables</i></u> (<i>Patricia A. Eables</i>) <u>8-28-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President HOLLINGSWORTH, MITCHELL H. W (new Pres.) <input type="checkbox"/> Delete 709 EMMA ST. APT #3 KEY WEST, FL 33040		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition James S. Broomfield (Delete him) 105 Golf Club Drive Key West, FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Secy-Trea. <input type="checkbox"/> Delete Rudy Brancel 512 Grinnell Street Key West, FL 33040		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Secy-Trea. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rudy Brancel	
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	
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: <u><i>Mitchell W. Hollingsworth</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>8-28-06</u> <u>(305)296-5792</u> <small>Date Daytime Phone #</small>		

ATTACHMENT
20053874
Horan
& Wallace
LLP
608 WHITEHEAD STREET
KEY WEST, FLORIDA 33040

*DAVID PAUL HORAN, P.A.
R. BRUCE WALLACE, P.A.
**PATRICIA A. EABLES
***CARA A. HIGGINS

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(305) 294-3488
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*ALSO MEMBER COLORADO BAR
**ALSO MEMBER ARKANSAS BAR
***ALSO MEMBER NEW JERSEY BAR

August 28, 2006

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

RE: Rudy's Professional Painters, Inc.
Document No. P05000135625

Dear Sir or Madam:

I am herewith enclosing for filing the Annual Report along with a check in the amount of \$158.75 for the filing fee and one copy of the certificate of status. Please note that there are changes in the officers and registered agent. James S. Broomfield is no longer associated with the company.

If you have any questions, you may contact me at the above address or phone number. Your assistance is greatly appreciated.

Sincerely,



Patricia A. Eables

Enclosures