

FILED
Jun 08, 2006 8:00 am
Secretary of State

04-28-2006 90211 015 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000141058			
1. Entity Name HARVICK PROS PAINTING & DECORATING, INC.			
Principal Place of Business 54 SAND DUNES RD SANTA ROSA BEACH, FL 32459		Mailing Address P O BOX 2177 SANTA ROSA BEACH, FL 32459	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 26-0127562		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		04282006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent HARVICK, DAVID D 54 SAND DUNES RD SANTA ROSA BEACH, FL 32459		7. Name and Address of New Registered Agent Name David D. Harvick Street Address (P.O. Box Number is Not Acceptable) 4159 Montigo AVE. N City Santa Rosa Bch FL 32459	
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>David D. Harvick</u> <u>David D. Harvick</u> <u>4/27/06</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) 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	P HARVICK, DAVID D P O BOX 2177 SANTA ROSA BCH, FL 32459 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARVICK, GEORGE A P O BOX 2177 SANTA ROSA BCH., FL 32459 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T HARVICK, SUZANNE M P O BOX 2177 SANTA ROSA BCH., FL 32459 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Harvick, Suzanne M. P.O. Box 2177 Santa Rosa Bch, FL 32459 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T Munsterman, Andrew P.O. Box 2177 Santa Rosa Beach, ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
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>David D. Harvick</u> <u>David D. Harvick</u> <u>4/27/06</u> (850) 231-0071 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone			

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