

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000148590

Entity Name: T.A.'S PAINTING & CONSTRUCTION, INC.

FILED
Jan 13, 2006
Secretary of State

Current Principal Place of Business:

311 FOSTER COVE
APT 203
CHULUOTA, FL 32766

New Principal Place of Business:

2609 HIAWATHA AVE
SANFORD, FL 32773

Current Mailing Address:

311 FOSTER COVE
APT 203
CHULUOTA, FL 32766

New Mailing Address:

PO BOX 276
SANFORD, FL 32772

FEI Number: 20-3764189

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, THOMAS
311 FOSTER COVE
APT 203
CHULUOTA, FL 32766 US

Name and Address of New Registered Agent:

ADAMS, THOMAS
2609 HIAWATHA AVE
SANFORD, FL 32773 US

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.

SIGNATURE: THOMAS ADAMS

01/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVP () Delete
Name: ADAMS, THOMAS
Address: 311 FOSTER COVE APT 203
City-St-Zip: CHULUOTA, FL 32766

Title: S (X) Delete
Name: BELLEMARE, MICHAEL
Address: 224 PALM PLACE
City-St-Zip: SANFORD, FL 32773

Title: T (X) Delete
Name: LEBELL, SHAWN
Address: 224 PALM PLACE
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSDT (X) Change () Addition
Name: ADAMS, THOMAS
Address: 2609 HIAWATHA AVE
City-St-Zip: SANFORD, FL 32773

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS ADAMS

PDST

01/13/2006

Electronic Signature of Signing Officer or Director

Date