

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

09-08-2006 90002 011 ***150.00

DOCUMENT # P05000166393

1. Entity Name
MAYHUGHS PAINTING INC.



Principal Place of Business
**6977 KIMBERLY HEIGHTS LN.
JACKSONVILLE, FL 32222**

Mailing Address
**6977 KIMBERLY HEIGHTS LN.
JACKSONVILLE, FL 32222**

60038690



2. Principal Place of Business
6977 Kimberly Heights Ln
Suite, Apt. #, etc.

3. Mailing Address
6977 Kimberly Heights Ln
Suite, Apt. #, etc.

09042006 Chg-P CR2E034 (11/05)

City & State
Jacksonville Florida
Zip
32222
Country
USA

City & State
Jacksonville Florida
Zip
32222
Country
USA

4. FEI Number
010860902
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MAYHUGH, PHILIP
6977 KIMBERLY HEIGHTS LN.
JACKSONVILLE, FL 32222**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MAYHUGH, PHILIP 6977 KIMBERLY HEIGHTS LN. JACKSONVILLE, FL 32222	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T MAYHUGH, PHILIP 6977 KIMBERLY HEIGHTS LN. JACKSONVILLE, FL 32222	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAYHUGH, PHILIP 6977 KIMBERLY HEIGHTS LN. JACKSONVILLE, FL 32222	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] Date: Sept 4, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #