

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000168016

1. Entity Name
CRESCENT PAINTING, INC



FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90131 012 ***150.00

Principal Place of Business
**136 TRINIDAD STREET
NAPLES, FL 34113**

Mailing Address
**136 TRINIDAD STREET
NAPLES, FL 34113**

00000313



2. Principal Place of Business

3. Mailing Address

03182006

Chg-P

CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20 4018528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NICOLAS, LAURENCE H
2430 SHADOWLAWN DRIVE
SUITE 7
NAPLES, FL 34112**

7. Name and Address of New Registered Agent

Name **Timothy Brent Phillips**
Street Address (P.O. Box Number is Not Acceptable)
136 Trinidad St
City **Naples** FL Zip Code **34113**

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 **Timothy Brent Phillips** **Timothy Brent Phillips** **3-21-06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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

TITLE **P** ☐ Delete
NAME **PHILLIPS, TIMOTHY B**
STREET ADDRESS **136 TRINIDAD STREET**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE **VP** ☐ Delete
NAME **WEIDMAN, KIM**
STREET ADDRESS **136 TRINIDAD STREET**
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition
NAME **Phillips, Kim**
STREET ADDRESS **136 Trinidad St**
CITY-ST-ZIP **naples FL 34113**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Timothy Brent Phillips** **Timothy Brent Phillips** **3-21-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

phone # **239-421-7214**