2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # P93000024020 1. Entity Name MCCALL PAINTING, INC. Principal Place of Business Mailing Address 410 45TH AVENUE PO BOX 650267 VERO BEACH, FL 32968 VERO BEACH, FL 32965-0267 US 02092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3179767 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCHUGH, JOHN J JR DO NOT WRITE **333 17TH STREET** IN THIS SPACE SUITE U VERO BEACH, FL 32960 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE MCCALL, MICHAEL L NAME STREET ADDRESS 410 45TH AVENUE CITY-ST-ZIP VERO BEACH, FL 32968 TITLE MCCALL, JANINE A. NAME 05/09/06-80002-013 150.00 STREET ADDRESS 410 45TH AVE CITY-ST-7IP VERO BEACH, FL 32968 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS CITY-ST-7/P

12. I hereby certify that the information supplied with this filling 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 507, 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** 

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06

Daytime Phone #

**FILED**