

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000044055

1. Entity Name
TOM NELSON PAINTING, INC.



Principal Place of Business
1141 CENTRAL PARK DRIVE
SANFORD, FL 32771

Mailing Address
1141 CENTRAL PARK DRIVE
SANFORD, FL 32771



03272006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3186542	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, THOMAS B
1141 CENTRAL PARK DRIVE
SANFORD, FL 32771

**DO NOT WRITE
IN THIS SPACE**

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)

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

U00000492960
04/19/06-80086-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NELSON, THOMAS B
STREET ADDRESS	444 RIDGE FOREST COURT
CITY-ST-ZIP	SANFORD, FL 32771

TITLE	ST
NAME	NELSON, DENISE A
STREET ADDRESS	444 RIDGE FOREST COURT
CITY-ST-ZIP	SANFORD, FL 32771

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Thomas B. Nelson **Thomas B. Nelson Pres. 3-31-06 (407) 332-3599**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #