2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000044110

Entity Name
HALSTEAD PAINTING COMPANY, INC.

Principal Place of Business	Mailing Address
HALSTEAD PAINTING COMPANY 1624 DOUGLAS AVE DUNEDIN, FL 34698 US	HALSTEAD PAINTING COMPANY 1624 DOUGLAS AVE DUNEDIN, FL 34698 US

DO NOT WRITE IN THIS SPACE

01132006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3191935
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HALSTEAD, ANDREW
1624 DOUGLAS AVE
DUNEDIN, FL 34698

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

000000397664
01/30/06 80058-023 150.00

OFFICERS AND DIRECTORS

D
HALSTEAD, BENJAMIN
1624 DOUGLAS AVE
DUNEDIN, FL 34698

P
HALSTEAD, ANDREW
1624 DOUGLAS AVE
DUNEDIN, FL 34698

DO NOT WRITE IN THIS SPACE

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: Andrew Halstead 1/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #