


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # P93000080582</b><br>1. Entity Name<br><b>JAMIE COAT PAINTING CORPORATION</b> |  |
|--|---|

|   |  |
|---|--|
| Principal Place of Business<br><b>13756 SHEFFIELD ST<br/>WEST PALM BEACH, FL 33414 US</b> | Mailing Address<br><b>13756 SHEFFIELD ST<br/>WELLINGTON, FL 33414 US</b> |
|---|--|



02252006 No Chg-P CR2E034 (11/05)

|                                    |                                      |
|------------------------------------|--------------------------------------|
| 4. FEI Number<br><b>65-0453776</b> | Applied For<br><b>Not Applicable</b> |
|------------------------------------|--------------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

**DO NOT WRITE IN THIS SPACE**

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>PEAT, DAVID<br/>13756 SHEFFIED ST.<br/>WELLINGTON, FL 33414</b> |
|---|

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

**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

1100000463775  
03/21/06-80087-017 150.00

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>PEAT, DAVID L<br>13756 SHEFFIED ST.<br>WELLINGTON, FL 33414     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DAVID, PEAT K<br>13756 SHEFFIELD STREET<br>WELLINGTON, FL 33414 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/06

561-762-2716