


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000009261

1. Entity Name
ROGER A. LETOURNEAU PAINTING & WALLPAPERING, INC.



Principal Place of Business
**8580 S.E. EAGLEWOOD WAY
HOBE SOUND, FL 33455**

Mailing Address
**8580 S.E. EAGLEWOOD WAY
HOBE SOUND, FL 33455**

DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0465819 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BASS, DONALD L
7166 S.E. OSPREY STREET
HOBE SOUND, FL 33455**

**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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LETOURNEAU, ROGER A
STREET ADDRESS	8580 S.E. EAGLEWOOD WAY
CITY - ST - ZIP	HOBE SOUND, FL 33455
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/11/06-80075-023 150.00

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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: Roger A. Letourneau 1-6-06 772-546-9120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Devine Phone #