


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

07-13-2006 90021 034 \*\*\*150.00

<b>DOCUMENT # P94000027495</b>	
1. Entity Name <b>MIKE DEBOLE PAINTING INC.</b>	

Principal Place of Business <del>2613 EL PORTAL AVE</del> <b>522 BALL ST</b> <del>SANFORD FL 32773</del> <b>NEW SMYRNA FLA</b> <b>32108</b>	Mailing Address <del>2613 EL PORTAL AVE</del> <b>522 BALL ST</b> <del>SANFORD FL 32773</del> <b>NEW SMYRNA FLA</b> <b>32108</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent  <b>DEBOLE, MICHAEL S</b> <b>2613 EL PORTAL AVE</b> <b>SANFORD FL 32773</b>  <b>DEBole Michael S.</b> <b>522 BALL ST</b> <b>NEW SMYRNA FLA</b> <b>32108</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 reconstituting) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>DEBOLE, MICHAEL</b> <b>DEBole Michael</b> <b>2613 EL PORTAL AVE</b> <b>522 BALL ST</b> <b>SANFORD FL 32773</b> <b>NEW SMYRNA FLA</b> <b>32108</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Michael DeBolle **7-10-06** **407-257-9065**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

50022417

#P94000627495

To:

Florida Department of State  
Division of Corporations  
Corporate Records  
To whom this my concern:

For Records to  
2006. Report

I Michael DeBole Am writing this letter  
to let you know that I did not receive the  
ANNUAL Report do to moving, AS you can see  
the difference in MAILING ADDRESS ON THIS REPORT  
And I have changed ALL ADDRESSES ON REPORT to  
my current Address: 522 BALL ST New Smyrna  
FLA- 32168. And request A WAIVE OF LATE  
Filing fee. Thank you.

Michael DeBole