


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90186 049 ***150.00

DOCUMENT # P94000043905			
1. Entity Name GREG MIKELL PAINTING, INC.			
Principal Place of Business 2251 SE 152ND AVE MORRISTON, FL 32668		Mailing Address 2251 SE 152ND AVE MORRISTON, FL 32668	
2. Principal Place of Business <i>2251 SE 152ND AVE</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>MORRISTON FL 32668</i>		Suite, Apt. #, etc. <i>Same</i>	
City & State <i>Same as above</i>		City & State <i>as above</i>	
Zip <i>32668</i>	Country <i>healy</i>	Zip	Country
4. FEI Number 59-3261811		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALZMAN, ANTHONY J C/O MOODY SALZMAN & ROBERTSON 500 E UNIVERSITY AVE SUITE A GAINESVILLE, FL 32602-2759		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIKELL, GREG RT 1 BOX 298 C-27 MORRISTON, FL 32668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Greg Mikell</i>		Date: <i>4-26-06</i> 352 316-0830	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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