

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000069944 1. Entity Name PAINT PRO PLUS, INC.	
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Principal Place of Business 5424 NE 2ND TERR FORT LAUDERDALE, FL 33334	Mailing Address 5424 NE 2ND TERR FORT LAUDERDALE, FL 33334
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01102006	No Chg-P	CR2E034 (11/05)
4. FEI Number 65-0699061	Applied For Not Applicable	
5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WILLIAMS, PETER K 5424 NE 2ND TERR FT LAUDERDALE, FL 33334

**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

UD0000512693
04/29/06-80092-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP WILLIAMS, PETER K 5424 NE 2ND TERR FORT LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILLIAMS, CAROL 3010 NE 56TH COURT FORT LAUDERDALE, FL 33308
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Peter K. Williams 4-13-06 954-249-5562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #