

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2006 8:00 am
Secretary of State

05-31-2006 90009 026 ***558.75

DOCUMENT # P97000034567

1. Entity Name
PAINTS & COATINGS, INC.



Principal Place of Business
**4461 HANCOCK BRIDGE PKWY
N FT. MYERS, FL 33903**

Mailing Address
**4461 HANCOCK BRIDGE PKWY
N FT. MYERS, FL 33903**

50020025



DO NOT WRITE IN THIS SPACE

05252006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0754628

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAQUIDARA, CARL
4461 HANCOCK BRIDGE PKWY
N FT. MYERS, FL 33903**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
LAQUIDARA, CARL
4461 HANCOCK BRIDGE PKWY
N FT. MYERS, FL 33903**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSD
YINGLING, JEFF
4461 HANCOCK BRIDGE PKWY
N FT. MYERS, FL 33903**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
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

May 25-06

Date

239-997-6645

Daytime Phone #

Carl Laquidara