

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P97000038067**

1. Entity Name  
**UNITED PAINTING CONTRACTORS INC.**



Principal Place of Business  
**9710 PINE TRAIL CT  
LAKE WORTH, FL 33467**

Mailing Address  
**9710 PINE TRAIL CT  
LAKE WORTH, FL 33467**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0748403**

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**

**SCHEIBNER, GINA  
9710 PINE TRAIL COURT  
LAKE WORTH, FL 33467**

**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 \$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	P
NAME	SCHEIBNER, LLOYD
STREET ADDRESS	C/O 9710 PINE TRAIL COURT
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	V
NAME	SCHEIBNER, GINA
STREET ADDRESS	C/O 9710 PINE TRAIL COURT
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000530662  
05/06/06-80007-012 150.00

**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:** Gina Scheibner - Gina Scheibner 4-19-06 561-758-57

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #