


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000052765

1. Entity Name
BUTCH ARNOLD'S PAINTING, PRESSURE CLEANING & WATERPROOFING, INC.



Principal Place of Business Mailing Address

9504 SE SATURN STREET **9504 S E SATURN STRET**
HOBE SOUND, FL 33455 US **HOBE SOUND, FL 33455 US**

DO NOT WRITE IN THIS SPACE



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0770829 Not Applicable

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

6. Name and Address of Current Registered Agent

GILMORE, SANDRA M
9504 SE SATURN STREET
HOBE SOUND, FL 33455

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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 the registered agent.

SIGNATURE _____ DATE _____

Sandra M Gilmore (NOTE: Registered Agent signature required when reinstating)

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

1000000536855
05/08/06-80112-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GILMORE, SANDRA M
STREET ADDRESS	9504 S E SATRUN STREET
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	VP
NAME	ARNOLD, JR STANLEY B
STREET ADDRESS	9504 S E SATURN STREET
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Sandra M Gilmore* **SANDRA H. Gilmore** 4-25-06 772-546-8090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytona Phone #