

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90075 036 ***150.00

DOCUMENT # P97000052957 1. Entity Name VAUGHN'S DRYWALL & PAINTING, INC.					
Principal Place of Business HOME 1931 ANCHOR DR. GULF BREEZE, FL 32566			Mailing Address 1931 ANCHOR DR. NAVARRE, FL 32566		
2. Principal Place of Business 8696 Sandpine Dr		3. Mailing Address 8696 Sandpine Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Navarre, FL		City & State Navarre FL		4. FEI Number 59-3453297	
Zip 32566		Country U.S.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAUGHN, ROBERT 1931 ANCHOR DRIVE NAVARRE, FL 32566			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 _____ (NOTE: Registered Agent signature required when separating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PST VAUGHN, ROBERT 6732 DEENA LANE NAVARRE, FL 32566 ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PST Vaughn, Robert 8696 Sandpine Dr. Navarre, FL 32566 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP SILVA, LEO 1909 PRESIDIO STREET APT 3 NAVARRE, FL 32566 ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
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: <u>Robert Vaughn</u> Robert Vaughn			5-01-06 554-1107		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		