## **2006 FOR PROFIT CORPORATION**

## Jan 30, 2006 8:00 am **ANNUAL REPORT** Secretary of State **DOCUMENT # P97000059173** 01-30-2006 90075 021 \*\*\*150.00 REASONABLE PAINTING, INC. Principal Place of Business Mailing Address 20004056 3740 LEI DRIVE 3740 LEI DRIVE SARASOTA, FL 34232 SARASOTA, FL 34232 01242006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0767442 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VANDERGAAG, TROY DO NOT WRITE 3740 LEI DRIVE SARASOTA, FL 34232 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. Fam familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE VANDERGAAG, TROY NAME 3740 LEI DRIVE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34232 TITLE VANDERGAAG, REBECCA NAME STREET ADDRESS 3740 LEI DRIVE CITY-ST-ZIP SARASOTA, FL 34232 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**