



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90183 013 ***150.00

DOCUMENT # P97000084046 1. Entity Name FLYING COLORS PAINTING, INC.					
Principal Place of Business 927 E. NEW HAVEN AVE. SUITE 203 MELBOURNE, FL 32901 US			Mailing Address 927 E. NEW HAVEN AVE. SUITE 203 MELBOURNE, FL 32901 US		
2. Principal Place of Business <i>1900 S. Harbor City Blvd</i> Suite, Apt. #, etc. <i>Suite 300</i> City & State <i>Melbourne, FL</i> Zip <i>32901</i> Country <i>BREVARD</i>		3. Mailing Address <i>1900 S. Harbor City Blvd</i> Suite, Apt. #, etc. <i>Suite 300</i> City & State <i>Melbourne, FL</i> Zip <i>32901</i> Country <i>BREVARD</i>		 04252006 Chg-P CR2E034 (11/05)	
4. FEI Number 65-0784845		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JENNINGS, THOMAS 370 E. RIVIERA BLVD INDIALATIC, FL 32903			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> <div style="float: right;">DATE _____</div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENNINGS, THOMAS M 370 E. RIVIERA BLVD. INDIALANTIC, FL 32903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STRANEY, RICHARD 370 E. RIVIERA BLVD. INDIALANTIC, FL 32903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JENNINGS, THOMAS M 370 E. RIVIERA BLVD. INDIALANTIC, FL 32903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENNINGS, MARY ANN 370 E. RIVIERA BLVD. INDIALANTIC, FL 32903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <i>Thomas Jennings</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date: <i>Apr 25, 2006</i> <small>Date</small>			Daytime Phone # _____ <small>Daytime Phone #</small>		