


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

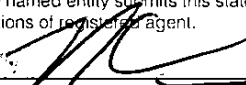
FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90096 014 ***150.00

DOCUMENT # P97000094173		
1. Entity Name TUBITO PAINTING, INC.		
Principal Place of Business 1928 SW BILTMORE ST PORT SAINT LUCIE FL 34984		Mailing Address 1928 SW BILTMORE ST PORT SAINT LUCIE FL 34984
2. Principal Place of Business 1551 S SE Niemeyer Circle Suite, Apt. #, etc.	3. Mailing Address 1551 S SE Niemeyer Cir. Suite, Apt. #, etc.	
City & State Port St Lucie, FL	City & State Port St Lucie, FL	
Zip 34952	Country	Zip 34952
		Country



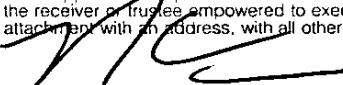
1st MOORE CR2E034 (10/05)

4. FEI Number 65-0686969		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 TUBITO, NICHOLAS 5405 STATELY OAKS FORT PIERCE FL 34981		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:  NICHOLAS TUBITO DATE: 2-8-06 <small>(NOTE: Registered Agent signature required when reconstituting)</small>		

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUBITO, NICHOLAS 1928 SW BILTMORE ST PORT SAINT LUCIE FL 34984	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **NICHOLAS TUBITO** DATE: **2-8-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR