2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90362 006 ***150.00

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1. Entity Name
V.A.D. PAINTING AND MAINTENANCE, INC.

Principal Place of Business	Mailing Address
510 S PARK RD #1021 HOLLYWOOD, FL 33021	510 S PARK RD #1021 HOLLYWOOD, FL 33021

04062006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
1214 S.W. JANETTE AVE.		1214 S.W. JANETTE AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: PORE ST LUCIE, FL		City & State: PORT ST. LUCIE, FL.	
Zip: 34953	Country: ST. LUCIE	Zip: 34953	Country: ST. LUCIE

4. FEI Number: 65-0835604 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PITTER, CARL S
7447 NORTH WEST 57 STREET
TAMARAC, FL 33319

7. Name and Address of New Registered Agent

Name: CARL S. PITTER
Street Address (P.O. Box Number is Not Acceptable): 7435 N.W. 57th ST
City: TAMARAC FL Zip Code: 33319

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS

TITLE	DPTS	☐ Delete
NAME	DIXON, VINCENT A	
STREET ADDRESS	1214 JANETTE AVE. S.W.	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] PRESIDENT 04/07/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #