


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000046625 1. Entity Name J & L PAINTING, INC.		
Principal Place of Business 12087 MELROSE AVE. BONITA SPRINGS, FL 34135	Mailing Address 12087 MELROSE AVE. BONITA SPRINGS, FL 34135	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WILLIAMS, DUANE L 27260 HORNE AVENUE, C-2 BONITA SPRINGS, FL 34135		DO NOT WRITE 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. 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 reinstating)</small>		
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	05/06/06-80125-017 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, DUANE L 27260 HORNE AVE.#C-2 BONITA SPRINGS, FL 34135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CAGLE, JOHN R 12087 MELROSE AVE BONITA SPRINGS, FL 34135	
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TITLE 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: <u>Duane L Williams</u> <u>4-14-06</u> (239) 405-1384 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



03312006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0838157	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**