

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

06-05-2006 90149 037 \*\*\*150.00

**DOCUMENT # P98000076870**

1. Entity Name  
**C.A. COOLEY PAINTING, INC.**



Principal Place of Business  
~~8220 SANIBEL BLVD~~  
~~FT. MYERS, FL 33912~~

Mailing Address  
~~3949 EVANS AVE~~  
~~#205~~  
~~FORT MYERS, FL 33901~~

**50020714**



2. Principal Place of Business  
**12437 MUDDY CREEK LN.**  
Suite, Apt. #, etc.

3. Mailing Address  
**3949 EVANS AVE.**  
Suite, Apt. #, etc.  
**#403**

05242006 Chg-P CR2E034 (11/05)

City & State **FT. MYERS FL**

City & State **FT. MYERS FL**

Zip **33913** Country **U.S.A.** Zip **33901** Country **U.S.A.**

4. FEI Number  
**65-0538699**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**COOLEY, CHARLES**  
~~8220 SANIBEL BLVD~~  
~~FT. MYERS, FL 33912~~

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**3949 EVANS AVE. #403**  
City **FT. MYERS** **FL** Zip Code **33901**

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]*  
Signature typed or printed name of registered agent and title if applicable.

*Charles A Cooley (Pres)*  
(NOTE: Registered Agent signature required when resigning)

*6/1/06*  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>COOLEY, CHARLES</b> <del>8220 SANIBEL BLVD</del> <del>FT. MYERS, FL 33912</del>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3949 EVANS AVE #403</b> <b>FT. MYERS FL 33901</b>	
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*  
**Charles A Cooley**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/1/06*  
Date

*(239) 822-1146*  
Daytime Phone #