

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000094717

1. Entity Name
CARDINAL PAINTING SERVICES, INC.



Principal Place of Business
690 CO RD 485A
LAKE PANASOFFKEE, FL 33538

Mailing Address
690 CO RD 485A
LAKE PANASOFFKEE, FL 33538



02182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3543054

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARAMAN, DENNIS A
690 COUNTY RD 485A
P. O. BOX 1386
LAKE PANASOFFKEE, FL 33548

**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

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 PD
NAME MARAMAN, DENNIS A
STREET ADDRESS 690 CR 485 A
CITY - ST - ZIP LAKE PANASOFFKEE, FL 33538

TITLE SD
NAME MOTZ, LOUIS A
STREET ADDRESS 7506 ST. JOHNS ROAD
CITY - ST - ZIP LAND O LAKES, FL 33549

TITLE TD
NAME MARAMAN, TERRY L
STREET ADDRESS P.O. BOX 1409
CITY - ST - ZIP LUTZ, FL 335481409

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1100000453964
03/14/06-80049-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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 any address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-06 352-568-8779