


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 Mailing Address

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

DO NOT WRITE IN THIS SPACE



02162006 No Chg-P CR2E034 (11/05)

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 _____ (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	

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: *Dennis A Maraman* 2-28-06 352-568-8779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #