

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000097432

1. Entity Name
PAINTS R US, INC.



Principal Place of Business
**39311 WASHINGTON LOOP ROAD
PUNTA GORDA, FL 33982**

Mailing Address
**39311 WASHINGTON LOOP ROAD
PUNTA GORDA, FL 33982**



01092006 No Chg-P CR2ED34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number
65-0880572

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**J. LYN BEVIS
39311 WASHINGTON LOOP ROAD
PUNTA GORDA, FL 33982**

**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	J. LYN BEVIS
STREET ADDRESS	39311 WASHINGTON LOOP ROAD
CITY - ST - ZIP	PUNTA GORDA, FL 33982
TITLE	VSTD
NAME	BEVIS, DEBORAH F
STREET ADDRESS	39311 WASHINGTON LOOP ROAD
CITY - ST - ZIP	PUNTA GORDA, FL 33982
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000507856
04/27/06-80071-015 150.00

**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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06
Date

Daytime Phone #