


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2006 08:00 AM
Secretary of State


DOCUMENT # P98000098030
 1. Entity Name
 G.E. MEDEROS CUSTOM PAINTING, INC.



Principal Place of Business
 130 24TH AVE., N.E.
 NAPLES, FL 34120

Mailing Address
 130 24TH AVE., N.E.
 NAPLES, FL 34120

DO NOT WRITE IN THIS SPACE



06092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3542153	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEDEROS, ELIZABETH A
 130 24TH AVE., N.E.
 NAPLES, FL 34120

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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

U00000567240
 06/15/06-80003-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEDEROS, GILBERTO R 130 24TH AVE., N.E. NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MEDEROS, ELIZABETH A 130 24TH AVE., N.E. NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *Miguel P. Mederos* *Elizabeth Mederos* 6/9/06 239-455-1635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #