


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000021695	
1. Entity Name BEST PAINTING AND WATERPROOFING, INC.	

Principal Place of Business 1201 76TH ST. NO. ST.PETERSBURG, FL 33710	Mailing Address 1201 76TH ST. NO. ST.PETERSBURG, FL 33710
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**DO NOT WRITE IN THIS SPACE**

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3560320	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  BURROWS, DAVID W JR. 1201 76TH ST. NO. ST.PETERSBURG, FL 33710
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURROWS, DAVID W JR. 1201 76TH ST. NO. ST.PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURROWS, CAROLE 1201 76TH ST. NO. ST.PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURROWS, SHAWN 1201 76TH ST. NO. ST.PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURROWS, JEREMY 1201 76TH ST. NO. ST.PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURROWS, JUSTIN 120 146TH AVENUE APT #3 MADEIRA BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000537084  
05/09/06-80003-019 150.00

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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 life empowered.

SIGNATURE: <u>Carole A Burrows</u> <u>Carole A Burrows</u>	4/11/06	727.343.1451
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>