

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 MAR 31 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WJC

DOCUMENT # P99000023034

1. Entity Name
SUPREME PAINTING SERVICES, INC.



Principal Place of Business
2959 APALACHEE PARKWAY
J-6
TALLAHASSEE, FL 32301

Mailing Address
2959 APALACHEE PARKWAY
J-6
TALLAHASSEE, FL 32301



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03312006

Chg-P

CR2E034 (11/05)

4. FEI Number

68-0909253

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VEGA, LAURA
2959 APALACHEE PARKWAY
APT J-6
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME SVT
STREET ADDRESS VEGA, LAURA R
CITY-ST-ZIP 2959 APALACHEE PKWY, APT J-G
TALLAHASSEE, FL 32301 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 300069965749
CITY-ST-ZIP 04/10/06--01071--023 **150.00

TITLE
NAME PV
STREET ADDRESS AGUILAR, FRANCISCO
CITY-ST-ZIP 2959 APALACHEE PARKWAY, APT J-G
TALLAHASSEE, FL 32301 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME T
STREET ADDRESS AGUILAR, ANGELL
CITY-ST-ZIP 2959 APALACHEE PARKWAY, APT J-G
TALLAHASSEE, FL 32301 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME S
STREET ADDRESS SUAREZ, MARIA M
CITY-ST-ZIP 2959 APALACHEE PARKWAY, J-6
TALLAHASSEE, FL 32301 ☒ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME SVT
STREET ADDRESS FAULKNER, DWAYNE
CITY-ST-ZIP 2959 APALACHEE PARKWAY, J-6
TALLAHASSEE, FL 32301 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #