

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90022 010 ***150.00

DOCUMENT # P99000037519 1. Entity Name NEW CONCEPT INC. PAINTING SERVICE					
Principal Place of Business 12572 ROCK ROSE LANE <i>11394 Tanager Drive</i> JACKSONVILLE, FL 32225 <i>On South</i>		Mailing Address <i>11394 Tanager Drive</i> 12572 ROCK ROSE LANE JACKSONVILLE, FL 32225			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent PEREZ, GUSTAVO E 12572 ROCK ROSE LANE JACKSONVILLE, FL 32225				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>11394 Tanager Drive South</i> City <i>Jacksonville</i> FL <i>32225</i>	
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 transferring) DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT PEREZ, GUSTAVO E 12572 ROCK ROSE LANE JACKSONVILLE, FL 32225		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition <i>11394 Tanager Drive South</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PEREZ, ELSA C 12572 ROCK ROSE LANE JACKSONVILLE, FL 32225		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition <i>11394 Tanager Drive South</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <i>Gustavo Perez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<i>07/18/06</i> <i>904.237-3508</i> Date Filing Phone #		