2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000038936

1. Entity Name
GAINES & KORNS PAINTING, INC.

Principal Place of Business
450 ELKWOOD LANE
ORLANDO, FL 32825-8158

Mailing Address
450 ELKWOOD LANE
ORLANDO, FL 32825-8158

02222006 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3579108

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GAINES, LAURETTA K
7129 CR 772
WEBSTER, FL 33597

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) 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	P
NAME	GAINES, LAURETTA K
STREET ADDRESS	7129 CR 772
CITY-ST-ZIP	WEBSTER, FL 33597
TITLE	D
NAME	KORNS, SALLY A
STREET ADDRESS	450 ELKWOOD LANE
CITY-ST-ZIP	ORLANDO, FL 328258158
TITLE	D
NAME	PRINCIPIO, KIMBERLY
STREET ADDRESS	450 ELKWOOD LANE
CITY-ST-ZIP	ORLANDO, FL 328258158
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/06-80117-013 150.00

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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 like empowered.

SIGNATURE: [signature] Lauretta Gaines 2/28/06 407-948-9315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #