


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000042455**

1. Entity Name  
**MCGINNIS PAINTING, INC.**



Principal Place of Business  
**3140 N. CANAL DR.  
 PALM HARBOR, FL 34684**

Mailing Address  
**3140 N. CANAL DR.  
 PALM HARBOR, FL 34684**



01312006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3576763**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

**MCGINNIS, DENNIS K  
 3140 N. CANAL DR.  
 PALM HARBOR, FL 34684**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

**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	DPST
NAME	MCGINNIS, DENNIS
STREET ADDRESS	3140 N. CANAL DR.
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	V
NAME	MCGINNIS, SARA I
STREET ADDRESS	3140 NO CANAL DRIVE
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	AV
NAME	MCGINNIS, LEO R
STREET ADDRESS	206 WEST CANAL DR
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/13/06-80081-003 150.00

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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:** DENNIS K. MCGINNIS **01/30/06** **727-785-8310**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #