2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/:

FILED
Jun 30, 2006 8:00 am
Secretary of State
05-01-2006 90292 003 ***150.00

DOCUMENT # P99000042926

1. Entity Name
STITT PAINTING, INC.

Principal Place of Business	Mailing Address
11323 72ND TERRACE N SEMINOLE, FL 33772	11323 72ND TERRACE N SEMINOLE, FL 33772

66021102

03312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3578372
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STITT, THOMAS C
11323 72ND TERRACE NORTH
SEMINOLE, FL 33772

DO NOT WRITE IN THIS SPACE

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 _____ April 18 06
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

TITLE	SDVT
NAME	STITT, THOMAS C
STREET ADDRESS	11323 72ND TERRACE N
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	P
NAME	STITT, THOMAS C
STREET ADDRESS	11323 72ND TERRACE N
CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ June 26 06 72N 393-8445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

66021102

~~#~~ N9900042926

I WAS ON
VACATION MIN
JUNE —
HERE IS THE
SIGNED FORM
THANK YOU