


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90274 003 \*\*\*150.00

<b>DOCUMENT # P99000094156</b> 1. Entity Name <b>JOSEPH A. TOBIASZ-PAINTING, INC.</b>					
Principal Place of Business <b>1504 NE JENSEN BEACH BLVD. JENSEN BEACH FL 34957</b>			Mailing Address <b>718 SE HIBISCUS AVE STUART FL 34996</b>		
2. Principal Place of Business <b>718 SE HIBISCUS AVE</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>STUART FL</b>		City & State			
Zip <b>34996</b>	Country <b>USA</b>	Zip	Country	4. FEI Number <b>65-0960863</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>TOBIASZ, JOSEPH A 1504 NE JENSEN BEACH BLVD. JENSEN BEACH FL 34957</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D TOBIASZ, JOSEPH A 718 SE HIBISCUS AVE STUART FL 34996	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RHATIGAN, CHRISTOPHER 1504 JENSEN BEACH BOULEVARD JENSEN BEACH FL 34957	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Joseph A. Tobiasz President</i>			04-28-06 772 223 1915		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



1st MOORE CR2E034 (10/05)