## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 06, 2006 8:00 am **Secretary of State** DOCUMENT # S30293 1. Entity Name 02-06-2006 90090 012 \*\*\*150.00 THE PAINT COMPANY, INC. Principal Place of Business Mailing Address 5661 GREY FOX RUN FT. MYERS FL 33912 PO BOX 383 SANIBEL FL 33957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0241341 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOJNAR, LEONARD M. Street Address (P.O. Box Number is Not Acceptable) 5661 GREY FOX RUN FORT MYERS FL 33912 City 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 ithe obligations of registered agent. SIGNATURE 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 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ; 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete Change ☐ Addition NAME WOJNAR, LEONARD M. NAME STREET ADDRESS 5661 GREY FOX RUN STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33912 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition WOJNAR, KAREN L. NAME NAME STREET ADDRESS STREET ADDRESS 5661 GREY FOX RUN CITY-ST-ZIP FORT MYERS FL 33912 CITY-ST-ZIP ☐ Delete TITLE TITLE Destoppelaire Raymond NAME DESTOPPLANE, RAYMOND NAME STREET ADDRESS 7345 VESPER DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-7IP FORT MYERS FL 33901 TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

FILED