## 2006 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Jan 31, 2006 08:00 A DOCUMENT # S79405 **Secretary of State** MIKE OSTERMANN PAINTING, INC. Mailing Address Principal Place of Business 777 VASSAR ROAD 777 VASSAR ROAD DELAND, FL 32724 DELAND, FL 32724 No Cha-P CR2E034 (11/05) 01212006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3082114 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE OSTERMANN, MIKE 777 VASSAR RD. DELAND, FL 32724 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. (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 1100000409353 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 02/08/06-80096-009 150.00 $\Box$ Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ח TITLE OSTERMANN, MIKE NAME STREET ADDRESS 777 VASSAR RD. DELAND, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CMY-ST-ZIP JJILE NAME STREET ADDRESS CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

IN THIS SPACE

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