

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # V02643

1. Entity Name
MIRACLE PAINT CENTERS, INC.



Principal Place of Business
403 E. 11TH STREET
PANAMA CITY, FL 32401

Mailing Address
403 E. 11TH STREET
PANAMA CITY, FL 32401



04112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3098368
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUCHANAN, JAMES TIMOTHY, JR.
403 EAST 11TH STREET
PANAMA CITY, FL 32401

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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 _____
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

U00000510555^M

10. OFFICERS AND DIRECTORS

04/29/06-80010-021 150.00^M

TITLE D
NAME BUCHANAN, JAMES T. SR.
STREET ADDRESS 403 E. 11TH ST.
CITY-ST-ZIP PANAMA CITY, FL

TITLE D
NAME WILKERSON, REBA JOYCE
STREET ADDRESS 403 E. 11TH ST.
CITY-ST-ZIP PANAMA CITY, FL

TITLE D
NAME BUCHANAN, JAMES T. JR.
STREET ADDRESS 403 E. 11TH ST.
CITY-ST-ZIP PANAMA CITY, FL

TITLE D
NAME BUCHANAN, BILLY RAY
STREET ADDRESS 403 E. 11TH ST.
CITY-ST-ZIP PANAMA CITY, FL

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: James T. Buchanan, Jr. JAMES T. Buchanan, Jr. 4/11/2006 850-763-0881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #