

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90408 042 ***150.00

DOCUMENT # L94832

1. Entity Name
PAINTER ASSOCIATES, INC.



Principal Place of Business
**3333 CLARK ROAD, SUITE 120
SARASOTA, FL 34231 US**

Mailing Address
**3333 CLARK ROAD, SUITE 120
SARASOTA, FL 34231 US**

50012633



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-3060396

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAW OFFICE OF EUGENE P. MURPHY, P.A.
3293 FRUITVILLE ROAD
SUITE 101
SARASOTA, FL 34237**

Name
Linda C. Painter

Street Address (P.O. Box Number is Not Acceptable)
3333 Clark Road, Suite 120

City
Sarasota

FL

Zip Code
34231

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

Linda C. Painter

(NOTE: Registered Agent signature required when reinstating)

4-13-06

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**DD
LINDA C PAINTER
3333 CLARK ROAD SUITE 120
SARASOTA, FL 34231** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DD
DONALD PAINTER
3333 CLARK ROAD SUITE 120
SARASOTA, FL 34231** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - ZIP
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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:

Linda C. Painter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-06

941-920-1111