2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90400 040 ***150.00

DOCUMENT # P01000116440

1. Entity Name
THE PAINTING PROFESSIONALS OF NORTH WEST FLORIDA, INC.

Principal Place of Business	Mailing Address
~~104 PALMETTO DR.~~	~~104 PALMETTO DR.~~
~~CRESTVIEW, FL 32539~~	~~CRESTVIEW, FL 32539~~

02262006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
10384 DOUBLE R RANCH Rd		PO BOX 1027	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: HOLT, FL.		City & State: CRESTVIEW, FL.	
Zip: 32564	Country: SANTA ROSA	Zip: 32536-1027	Country: OKALOOSA

4. FEI Number ~~59-3756819~~ ☐ Applied For ☐ Not Applicable

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
FOURNIER, DANIEL J	Name: NATALINA FOURNIER
104 PALMETTO DR.	Street Address (P.O. Box Number is Not Acceptable): 10384 DOUBLE R RANCH Rd
CRESTVIEW, FL 32539	City: HOLT FL Zip Code: 32564

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] NATALINA FOURNIER 4-27-06
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	FOURNIER, NATALINA		NAME		
STREET ADDRESS	~~104 PALMETTO DR.~~		STREET ADDRESS	10384 DOUBLE R RANCH Rd	
CITY-ST-ZIP	~~CRESTVIEW, FL 32539~~		CITY-ST-ZIP	HOLT FL. 32564	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	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 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: [signature] Natalina Fournier President 4-27-06 850 957-4877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #