

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000058352

FILED
Jan 07, 2005
Secretary of State

Entity Name: BOB CAMPBELL PAINTING INC.

Current Principal Place of Business:

370 N.E. 45TH COURT
FT. LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

370 N.E. 45TH COURT
FT. L AUDERDALE, FL 33334

New Mailing Address:

FEI Number: 65-1020309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, ROBERT
370 NE 45 COURT
FORT LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAMPBELL, TRISHA
Address: 370 NE 45TH CRT
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: P () Delete
Name: CAMPBELL, ROBERT
Address: 370 NE 45 COURT
City-St-Zip: FORT LAUDERDALE, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CAMPBELL, TRISHA
Address: 370 NE 45 COURT
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. CAMPBELL

P

01/07/2005

Electronic Signature of Signing Officer or Director

Date