


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90070 016 ***150.00

DOCUMENT # P01000053752	
1. Entity Name Island Paint & Power Wash Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 255 Villa Verda Rd.	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State St. Augustine, FL	City & State
Zip 32084	Country

DO NOT WRITE IN THIS SPACE

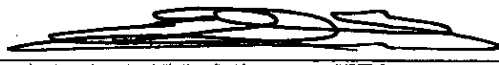
4. FEI Number 59-3727357	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Charles E. Hall, PhD
Street Address (P.O. Box Number is Not Acceptable) 77 Almeria Street
City St. Augustine
State FL
Zip Code 32084

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  DATE 4/24/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$650.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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	PVST Bunting, Brien J. 255 Villa Verda Rd. St. Augustine, FL 32084
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE 4/28/03 Daytime Phone # 904-471-7104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)