

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000124442

FILED
Jul 23, 2005
Secretary of State

Entity Name: FELLOWES PAINTING CORP.

Current Principal Place of Business:

4009 51 ST DR W
BRADENTON, FL 34210

New Principal Place of Business:

1910 91ST ST NW
BRADENTON, FL 34209

Current Mailing Address:

4009 51 ST DR W
BRADENTON, FL 34210

New Mailing Address:

1910 91ST ST NW
BRADENTON, FL 34209

FEI Number: 30-0135809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOLANDA M. CZERWINSKI, EA, P.A.
4492 GOLDEN LAKE DRIVE
SARASOTA, FL 34233 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FELLOWES, NEIL
Address: 4009 51ST DR W
City-St-Zip: BRADENTON, FL 34210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FELLOWES, NEIL
Address: 1910 91ST ST NW
City-St-Zip: BRADENTON, FL 34209

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: NEIL FELLOWES

P

07/23/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date