


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000124746
 1. Entity Name
 MIKE WILLIAMSON PAINTING, INC.



Principal Place of Business _____ Mailing Address _____
 3564 168TH STREET _____ 3564 168TH STREET _____
 WELLBORN, FL 32904 _____ WELLBORN, FL 32904 _____

DO NOT WRITE IN THIS SPACE



04092005 No Chg-P CR2E034 (10/03)

4. FEI Number 05-0591748 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WILLIAMSON, MINDEL M
 3564 168TH STREET
 WELLBORN, FL 32904

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

UN0000308931
 04/15/05-80087-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMSON, MICHAEL S
STREET ADDRESS	3564 168TH STREET
CITY-ST-ZIP	WELLBORN, FL 32094
TITLE	VTD
NAME	WILLIAMSON, MINDEL M
STREET ADDRESS	3564 168TH STREET
CITY-ST-ZIP	WELLBORN, FL 32094
TITLE	SD
NAME	WILLIAMSON, KENNETH C
STREET ADDRESS	3564 168TH STREET
CITY-ST-ZIP	WELLBORN, FL 32094
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(f), 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: Mike Williamson Mike Williamson Pres. 4-12-05 386-963-1034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #