2005 FOR PROFIT CORPORATION

2/4/2005-90052-040-\$150.00-\$150.00 * ANNUAL REPORT (AR) 9/1/2005-90024-009-\$150.00-\$150.00 **DOCUMENT # P03000131017** 1. Entity Name CARLSON PAINTING, JNC. 05 SEP 29 PH 4: 19 Principal Place of Business Mailing Address 4356 MCDONALD GLAY ROAD APOPKA FL 32712 4356 MCDONALD GLAY ROAD APOPKA FL 32712 2. Principal Place of Business Mailing Address 4354 McDonald 6kg NSTATEMEN 15/05) Suite, Apt. #, etc. 70 038144Z Applied For City & State City & State Not Applicable \$8.75 Additional Country Ziρ Country 5. Certificate of Status Desired Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent CARLSON, KEITH W Street Address (P.O. Box Number is Not Acceptable) 4356 MCDONALD GLAY APOPKA FL 32712 City Zip Code 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. (NOTE: Registered Agein signature required which reinstating) FILE NOW!!! FEE IS \$550.00 S.607, 193(2)(b), F.S., alloy/s for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 7, 2005 fate fee. By checking this box, the corporation certifies it Trust Fund Contribution. Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete TITLE ☐ Addition Change TITLE CARLSON, KEITH W :ZA ME NAME 4356 MCDONALD GLAY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOPKA FL 32712 CITY-SI-7P ☐ Change ☐ Addition no £ ☐ Delete THLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE Delete ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-S1-7/P CITY-S1-ZIP THILE Delete TITLE ☐ Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CXY-S1-7IP ☐ Delate TITLE ☐ Channe Addition MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TILE ☐ Defete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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.

Pout me Etrone d