2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005
Secretary of State

DOCUMENT# P03000136366

Entity Name: CASON PAINTING, INC.

Current Principal Place of Business:

813 NIGHTINGALE RD SOUTH
JACKSONVILLE, FL 32216

New Principal Place of Business:

813 NIGHTINGALE RD SOUTH
JACKSONVILLE, FL 32216 US

Current Mailing Address:

813 NIGHTINGALE RD SOUTH
JACKSONVILLE, FL 32216

New Mailing Address:

813 NIGHTINGALE RD SOUTH
JACKSONVILLE, FL 32216 US

FEI Number: 20-0413411 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATKINS, CHARLES R
4940 EMERSON ST
SUITE 100
JACKSONVILLE, FL 32207 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: PD ( ) Delete
Name: CASON, BRIAN M
Address: 813 NIGHTINGALE RD SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

Title: SD (X) Delete
Name: CASON, BARBARA M
Address: 813 NIGHTINGALE RD SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CASON, BRIAN M
Address: 813 NIGHTINGALE RD SOUTH
City-St-Zip: JACKSONVILLE, FL 32216 US

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: BRIAN CASON PD 08/26/2005

Electronic Signature of Signing Officer or Director — Date