


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000143833  
 1. Entity Name  
 T.J. KINYON PAINTING, INC.



Principal Place of Business      Mailing Address  
 2227 SHAMROCK ROAD      2227 SHAMROCK ROAD  
 AVON PARK, FL 33825 US      AVON PARK, FL 33825 US

**DO NOT WRITE IN THIS SPACE**



03182005 No Chg-P CR2E034 (10/03)

4. FEI Number      Applied For  
 20-0460444      Not Applicable

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

6. Name and Address of Current Registered Agent  
 RITENOUR, ANTHONY L  
 551 SOUTH COMMERCE AVE.  
 SEBRING, FL 33870

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

**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

1100000321855  
 04/21/05-80094-012 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	KINYON, T. J
STREET ADDRESS	2227 SHAMROCK ROAD
CITY - ST - ZIP	AVON PARK, FL 33825
TITLE	VP
NAME	KINYON, JULIE D
STREET ADDRESS	2227 SHAMROCK ROAD
CITY - ST - ZIP	AVON PARK, FL 33825
TITLE	SECR
NAME	KINYON, JULIE D
STREET ADDRESS	2227 SHAMROCK ROAD
CITY - ST - ZIP	AVON PARK, FL 33825
TITLE	TREA
NAME	KINYON, T. J
STREET ADDRESS	2227 SHAMROCK ROAD
CITY - ST - ZIP	AVON PARK, FL 33825
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: T.J. Kinyon      4/18/05      863 453-4971  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

T.J. Kinyon