


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90111 032 ***150.00

DOCUMENT # P03000148002 1. Entity Name EUROPEAN PAINTERS OF PORT CHARLOTTE INC.	
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Principal Place of Business 19723 MIDWAY BLVD PORT CHARLOTTE, FL 33548 US	Mailing Address 19723 MIDWAY BLVD PORT CHARLOTTE, FL 33548 US
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DO NOT WRITE IN THIS SPACE



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0468346	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PETERS, JOSEPH 19723 MIDWAY BLVD PORT CHARLOTTE, FL 33548
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT PETERS, JOSEPH 19723 MIDWAY BLVD PORT CHARLOTTE, FL 33548
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SZEKELY, ROBERT 213 SAN CARLOS AVENUE NORTH PORT, FL 34287 <i>SOLD SHARES 12/14/04</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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)(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 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: <i>JOSEPH PETERS</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <i>4/27/05</i> <small>Date</small>	Daytime Phone: <i>(941) 769-4917</i> <small>Daytime Phone #</small>
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