
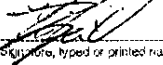



**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90170 040 \*\*\*150.00

<b>DOCUMENT # P04000014152</b>					
1. Entity Name GENERAL PAINTING PLUS, INC.					
Principal Place of Business 7514 HOGAN ROAD #701 JACKSONVILLE, FL 32216		Mailing Address 7514 HOGAN ROAD #701 JACKSONVILLE, FL 32216			
2. Principal Place of Business 4500 BAYMEADOWS RD.		3. Mailing Address 4500 BAYMEADOWS RD.		04232005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. #25		Suite, Apt. #, etc. # 25			
City & State JACKSONVILLE, FL.		City & State JACKSONVILLE, FL.		4. FEI Number 56-2429237	
Zip 32256		Country USA		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 ZUNIGA DEMARIN, YEISA 7514 HOGAN ROAD #701 JACKSONVILLE, FL 32216			7. Name and Address of New Registered Agent Name ZUNIGA DEMARIN, YEISA Street Address (P.O. Box Number is Not Acceptable) 4500 BAYMEADOWS RD. # 25 JACKSONVILLE, FL. City FL Zip Code 32256		
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 		REG. AGENT & PRESIDENT YEISA ZUNIGA DEMARIN		DATE	
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	ZUNIGA DEMARIN, YEISA <input type="checkbox"/> Delete		TITLE DIRECTOR PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZUNIGA DEMARIN, YEISA		NAME	ZUNIGA DEMARIN, YEISA	
STREET ADDRESS	7514 HOGAN ROAD #701		STREET ADDRESS	4500 BAYMEADOWS RD. # 25	
CITY-ST-ZIP	JACKSONVILLE, FL 32216		CITY-ST-ZIP	JACKSONVILLE, FL. 32256	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE DIRECTOR VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	ROSA L. RIOS	
STREET ADDRESS			STREET ADDRESS	4500 BAYMEADOWS RD. # 25	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE, FL. 32256	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: 		YEISA ZUNIGA DEMARIN		904-514-0249	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

20048411

