

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000021475

FILED
Feb 10, 2005
Secretary of State

Entity Name: PLATINUM PAINTING SERVICES, INC.

Current Principal Place of Business:

23267 SAFARI AVE
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

23284 SAFARI AVE
PORT CHARLOTTE, FL 33954

Current Mailing Address:

23267 SAFARI AVE
PORT CHARLOTTE, FL 33954

New Mailing Address:

23284 SAFARI AVE
PORT CHARLOTTE, FL 33954

FEI Number: 90-0142521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEWEES, LEDYARD H
270 NW 3RD COURT
BOCA RATON, FL 334323720 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: EVPD () Delete
Name: PARKS, LYNDELL
Address: 295 FERRIS DR., NW
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: V (X) Delete
Name: PARKS, LYLE
Address: 23267 SAFARI AVE.
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: V (X) Delete
Name: NELCH, ROBERT SHEM
Address: 23267 SAFARI AVE
City-St-Zip: PORT CHARLOTTE, FL 33954

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: NELCH, ROBERT SHEM
Address: 23284 SAFARI AVE
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT SHEM NELCH

PSD

02/10/2005

Electronic Signature of Signing Officer or Director

_____ Date