2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 8:00 am Secretary of State

	DOCUMENT # P97000050026 1. Entity Name TROPICAL PAINTING OF LEE COUNTY, INC.							04-25-2005 90285 028 ***150.00				
-	Principal Place of Business 1116 SE 12TH CT #7 CAPE CORAL, FL 33903			P	Mailing Address POST OFFICE BOX 151836 CAPE CORAL, FL 33915			(9 11) (831) 281) 1 89 11 58			N1866 (1 1281	
-	2. Principal Pl			3.	Mailing Address							
-	Suite, Apt. #, etc.				Suite, Apt. #, etc.			04202005	Chg-P		4 (10/03)	
-	City & State				City & State			4. FEI Numb		ONZEOS	· · · ·	oplied For
	Zip Country				Zip Coun		ry		65-0765388		Not Applicab	
-				Surrent Books	prietared Agent		5. Certificate of Status Desired 7. Name and Address of New F		Fee Required			
-	6. Name and Address of Current Registered Agent \$1EPHEN						Name	7. Name and	Address of New F	tegister <u>e</u> u A	yern	
b	FORTINI, STERNEN 420 NW 3RD AVE						Street Addre	ss (P.O. Box Numb	er is Not Acceptable	e)		
	CAPE COF					}						
	33993						City			FL	Zip Cod	le
-	A The above named entity submits this statement for the numbers of charge				venoco of changing i	ta coninteres	d affice or reci	intered agent, or be	th, in the State of Ele		miliar with	and accer
	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 acceed the obligations of registered agent.											
- i	SIGNATURE								,			
	SIGNATURE											
	SIGNATURE_	Signature, typed	or printed name of registe	red agent and title	if applicable. (NC	OTE Registered	Agent signature req	tured when reinstating)		DATE		
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SIGNING OFFICER OR DIRECTOR

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