


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000068906</b>	
1. Entity Name ACE PAINTING CONTRACTORS, INC.	

Principal Place of Business 13125 DUNN CREEK RD. JACKSONVILLE, FL 32218	Mailing Address 13125 DUNA CREEK RD. JACKSONVILLE, FL 32218
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01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3465887	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  JOHNSON, KEITH H ESQ. 8810 GOODBY'S EXECUTIVE DRIVE SUITE A JACKSONVILLE, FL 32217	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	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	P LEE, MICHAEL W 13125 DUNN CREEK RD. JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEE, AMY 13125 DUNN CREEK RD. JACKSONVILLE, FL 32218
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1100000177752  
01/11/05-80062-018, 150.00

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: Amy Lee 1-7-04 904-714-3717  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #