


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000006921
 1. Entity Name
INTEGRITY PAINTING OF N.W. FLORIDA, INC.



Principal Place of Business 320 S. SHORE DRIVE DESTIN, FL 32550	Mailing Address 320 S. SHORE DRIVE DESTIN, FL 32550
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DO NOT WRITE IN THIS SPACE



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3488669	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
 CHAMBLIN, BRUCE D JR
 320 S. SHORE DR.
 DESTIN, FL 32550

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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 _____

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	P CHAMBLIN, BRUCE DEAN JR. 320 S. SHORE DR. DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHAMBLIN, RICHARD MASON 64 WHITE HERON DR. SANTA ROSA BCH, FL 32549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAMBLIN, KELLY R 320 S. SHORE DR. DESTIN, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAMBLIN, AMANDA R 64 WHITE HERON DR. DESTIN, FL 32549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/03/05-80057-012 150.00

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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 another like empowered.

SIGNATURE: *Bruce D. Chamblin Jr.* *Richard Mason* *Kelly R. Chamblin* *Amanda R. Chamblin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #