FILED
May 17, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000039501

1. Entity Name
FIRST CHOICE PAINTING INC

Principal Place of Business	Mailing Address
FIRST CHOICE PAINTING 8457 SHERATON DRIVE MIRAMAR, FL 33025	FIRST CHOICE PAINTING 8457 SHERATON DRIVE MIRAMAR, FL 33025

DO NOT WRITE IN THIS SPACE

05062005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0930806
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAXWELL, BARRINGTON
8457 SHERATON DR
MIRAMAR, FL 33025

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	MAXWELL, BARRINGTON
STREET ADDRESS	8457 SHERATON DR.
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	PD
NAME	MAXWELL, ELFREDA
STREET ADDRESS	8457 SHERATON DR
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/17/05-80003-005 158.75

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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 all other like empowered.

SIGNATURE: B A Maxwell Barrington A Maxwell 5/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #