


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

|  |   |                                 |  |  |  |
|--|---|---------------------------------|--|--|--|
| <b>DOCUMENT # L09223</b><br>1. Entity Name<br><b>ACCURATE PAINTING, INC.</b>   |   |                                 |  |                                     |  |
| Principal Place of Business<br><b>420 ARAPAHO TR<br/>C/O FRED A. HALE SR<br/>MAITLAND FL 32751<br/>US</b>  |   |                                 | Mailing Address<br><b>420 ARAPAHO TRAIL<br/>C/O FRED A. HALE SR<br/>MAITLAND FL 32751<br/>US</b>                                     |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |   |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |  |  |
| 4. FEI Number <b>59-2959332</b>  |   |                                 |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |                                 |  | <b>\$8.75</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><b>HALE, FRED A. SR<br/>420 ARAPAHO TRAIL<br/>MAITLAND FL 32751</b>   |   |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |  |
| 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 re-registering) DATE _____   |   |                                 |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |   |                                 |  | 9. Election Campaign Financing <b>\$5.00</b> May P<br>Trust Fund Contribution <input type="checkbox"/> Added to Fees |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DP<br>HALE, FRED A. SR<br>420 ARAPAHO TRAIL<br>MAITLAND FL    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | U00000199163<br>01/27/05-80080-018 150.00  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DT<br>HALE, JOSEPHINE A<br>420 ARAPAHO TRAIL<br>MAITLAND FL   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DVP<br>HALE, FRED A JR.<br>2145 CHAPMAN WOODS PL<br>OVIEDO FL | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DS<br>HALE, MARK R<br>1020 S MILLS AVE<br>ORLANDO FL          | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                               | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete                               | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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 changed, or on an attachment with an address, with all other like empowered. |   |                                 |  |  |  |
| <b>SIGNATURE:</b> <i>Fred A. Hale, Sr</i>  |   |                                 | <b>FRED A. HALE, SR</b><br>1/25/05   |  |  |