

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 811814

1. Entity Name
HARTMAN-WALSH PAINTING COMPANY



Principal Place of Business

**7144 NORTH MARKET ST
SAINT LOUIS, MO 63133**

Mailing Address

**7144 NORTH MARKET ST
SAINT LOUIS, MO 63133**

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
43-0644938

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOORE, MICHAEL F
112 DRUID DR
WARRINGTON, FL**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

**\$5.00 May Be
Added to Fees**

**U000000229138
02/14/05-80065-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, EDWARD C
STREET ADDRESS	5 HOBBS MILL
CITY - ST - ZIP	ST CHARLES, MO 63303
TITLE	VP
NAME	CHISM, STEVE
STREET ADDRESS	R.R. #2, BOX 148B
CITY - ST - ZIP	BRIGHTON, IL 62012
TITLE	S
NAME	SPOFFORD, WILLIAM R
STREET ADDRESS	17409 CLOVER RIDGE DRIVE
CITY - ST - ZIP	CHESTERFIELD, MO 63017
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Edward C. Smith
9-9-05