


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000007945 1. Entity Name A PREMIUM PAINTERS.COM, INC.	
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Principal Place of Business 10607 SOUTH EAST ROSEMARIE COURT HOBE SOUND, FL 33455 US	Mailing Address 10607 SOUTH EAST ROSEMARIE COURT HOBE SOUND, FL 33455 US
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03112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3674483	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 RIZZO, DAVID 10607 SOUTH EAST ROSEMARIE COURT HOBE SOUND, FL 33455

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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 <u><i>David Rizzo</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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	1000000286885 04/04/05-80046-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIZZO, DAVID 10607 SOUTH EAST ROSEMARIE COURT HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIZZO, MICHAEL 10607 SOUTH EAST ROSEMARIE COURT HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC RIZZO, MICHELE 10607 SOUTH EAST ROSEMARIE COURT HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, ORVILLE 1197 S.E. ASTERWOOD PLACE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, LARRY 134 WILLOWAY STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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: <u><i>David Rizzo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
Date <u>3-20-05</u> Daytime Phone # <u>777-263-2801</u>