

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 09, 2005 08:00 AM
Secretary of State

DOCUMENT # 311825

1. Entity Name
COLOR WHEEL PAINT MFG. CO., INC.



Principal Place of Business
**2814 SILVER STAR RD
ORLANDO, FL 32808**

Mailing Address
**2814 SILVER STAR RD
ORLANDO, FL 32808**



07152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1154633

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STRUBE, DAVID K
2814 SILVER STAR ROAD
ORLANDO, FL 32808**

**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

**U00000378117
09/09/05-80007-006 150.00**

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
STRUBE, DONALD
LAKE BUTLER-BLVD.BOX 190
WINDERMERE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
STRUBE, STEVEN K.
3340 WAXBERRY CT.
WINDERMERE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
STRUBE, CHARLES
W. PARK AVE. BOX 63
WINDERMERE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
STRUBE, DAVID K.
OAKDALE ST.
WINDERMERE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
STRUBE, DONALD JR.
1218 SHADY LANE
ORLANDO, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
STRUBE, RICHARD K.
5314 PEBBLE BEACH DR
ORLANDO, FL**

**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 #