FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90285 028 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 398557
1. Entity Name
EL-MIL PAINTING COMPANY

40067723

Principal Place of Business	Mailing Address
480 BRYANT AVE. P. O. BOX 219 CANAL POINT, FL 33438 US	P O BOX 219 P. O. BOX 219 CANAL POINT, FL 33438 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04252005 Chg-P CR2E034 (10/03)

4. FEI Number: 59-1393508 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GOLD, TERRI
332 NE 6TH ST
BELLE GLADE, FL 33430

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ____________________ 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
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ELROD, JOEL T 13572 BARBERRY DRIVE WELLINGTON, FL ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASD ELROD, CELIA B 13572 BARBERRY DR WELLINGTON, FL ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TDVP GOLD, TERRI E 332 NE 6TH ST BELLE GLADE, FL 33430 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Gold Terri E 332 NE 6th St Belle Glade Fl 33430 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ELROD, JAMES E JR 12705 BRYANT AVE CANAL POINT, FL 33438 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.D Elrod, James E Jr 12705 Bryant Ave Canal Pt Fl 33438 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Terri E Gold Terri E. Gold 4/25/05 561-924-5879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #