

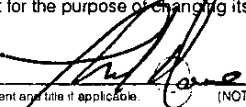
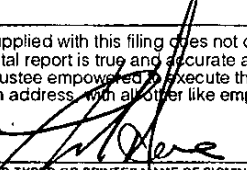


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90114 012 \*\*\*150.00

<b>DOCUMENT # 670605</b> 1. Entity Name <b>SOUTHERN PAINT CONTRACTING, INC.</b>					
Principal Place of Business <del>1029 ANTELOPE TRAIL</del> <b>WINTER SPRINGS FL 32708</b>			Mailing Address <b>P.O. BOX 197</b> <b>MICAVILLE NC 28755</b>		
2. Principal Place of Business <b>1043 Chatham Pine Circle</b>		3. Mailing Address <b>Apt 111</b>			
Suite, Apt. #, etc. <b>Apt 111</b>		Suite, Apt. #, etc. <b>WINTER SPRINGS, FL</b>			
City & State <b>32708 U.S.</b>		City & State <b>WINTER SPRINGS, FL</b>			
4. FEI Number <b>59-2019733</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <del>HORNE CHARLES H.</del> <del>1029 ANTELOPE TRAIL</del> <del>WINTER SPRINGS FL 32708</del>				7. Name and Address of New Registered Agent Name <b>Charles H. HORNE</b> Street Address (P.O. Box Number is Not Acceptable) <b>1043 Chatham Pine Circle</b> <b>Apt 111</b> City <b>Winter Springs</b> <b>FL</b> Zip Code <b>32708</b>	
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 <b>4/1/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>HORNE, CHARLES</b> <del>1029 ANTELOPE TRAIL</del> <b>WINTER SPRINGS FL 32708</b> <b>P.O. Box 197</b> <b>Micaville, NC 28755</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>HORNE, CHARLES</b> <b>P.O. Box 197</b> <b>Micaville, NC 28755</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>PROS</b> <b>4/1/05 (828) 675-0340</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					