## **2005 FOR PROFIT CORPORATION**

## **FILED** $\mathbf{AM}$

ANNUAL REPORT				Mar 24, 2005 08:00			
	MENT # F45099				Sec	retary of Sta	ate
1. Entity Name RICHARDSON'S REFINISHING, INCORPORATED				 			
102 E 4TH	ce of Business STREET IY, FL 32401	Mailing Address 102 E 4TH STREET PANAMA CITY, FL 32401			IT BURST BYTH KKUID LEUG FOUR K	THE STAN THAN THAN THAN THAN TO MET IN THE	11
С	OO NOT WRITE	Total Britains	CE	01102005 4. FEI Numb 59-212	No Chg-P	CR2E034 (10/03)  Applied F Not Appli  \$8.75 Additional Fee Required	or
6. Name and Address of Current Registered Agent GUIDAS, DONALD M 102 E 4TH STREET – PANAMA CITY, FL 32401				_	NOT WE	<del>-</del>	
8. The above the obligate SIGNATURE.	on named entity submits this statement for the tions of egistered agent.  Au  Signature and or printed name of egistered agent and the control of the contro		ed office or register		th, in the State of Floric	la. I am familiar with, and ac	cept
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Finar     Trust Fund Contribution.		00 May Be ed to Fees	_		
10.	OFFICERS AND DIF	ECTORS	J				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUIDAS, DONALD M 4338 PINETREE LANE LYNN HAVEN, FL					74369 0008–014 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RICHARDSON, STEVE F 4426 BROOK FOREST DRIVE PANAMA CITY, FL			_			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WF	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPA	<b>ICE</b>	I
TITLE NAME STREET ADDRESS CITY-ST-ZIP						-	İ

12. I hereby certify that the information supplied with this filling does not quality 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: \_

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND THE ON PRINTED NAME OF SIGNARG OFFICER OF DIRECTOR

Daytime Phone #