


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # F93822
 1. Entity Name
VLADIMIR PAINTING AND DECORATING, INC.



Principal Place of Business Mailing Address
 12765 74TH AVE NORTH 12765 74TH AVE NORTH
 SEMINOLE, FL 34646 SEMINOLE, FL 34646

DO NOT WRITE IN THIS SPACE



03232005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2211220	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
WESOLOSKI, VLADIMIR
 12765 74TH AVE NORTH
 SEMINOLE, FL 33542

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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 _____ 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**

U00000277140
 03/26/05-80017-021 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WESOLOWSKI, VLADIMIR 12765 74TH AVE NORTH SEMINOLE, FL 00000,
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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)(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: *Vladimir Wesoloski* **3-25-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #