2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2005 08:00 AN Secretary of State

ANNUAL REPORT				_		30, 200	
	MENT # J38642			S	ecretary	of Sta	
Entity Name FINGAR PAINTING, INCORPORATED							
Principal Plac	ce of Business	Mailing Address		1			
11812 N 51		11812 N 51ST STREET					
TAMPA, FL		TAMPA, FL 33617		1			
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٣	O NOT WRITE	CE	04222005	No Chg-P	CR2E034 (10/03)		
DO NOT WHITE IN THIS STA			<u> </u>	4. FEI Numb 59-27			Applied For Not Applicable
						\$9.75 t	
				5. Certificati	e of Status Desired	Fee Requir	
	6. Name and Address of Current Re	gistered Agent		-			
EINCAD I	WALLACE D. ID						
FINGAR, WALLACE R. JR. 11812 N 51ST STREET			{	DO	NOT WF	{ITE	ı
TAMPA, FL 33617				INT '	THIC CO	VOE.	
			ĺ	117	THIS SPA	1CE	
8. The above	named entity submits this statement for t	ne numase of changing its register	d office or register	ed agent or bo	oth, in the State of Florid	la. I am familiar with	and accept
	tions of registered agent,	to barbose of citaliging its register	ed office of register	ou agent, or or	Otti, in the State of Fight	a. Taili laitiilai wiii	i, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	title of applicable (NQTE, Registere	d Agent signature required	when reinstating)		DATE	
	· ·		·				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be ed to Fees			
10.	OFFICERS AND DI	RECTORS					
TITLE	PD						
NAME	FINGAR, WALLACE R. JR.		ł				
STREET ADDRESS	11812 N 51ST STREET						
CITY-ST ZIP	TEMPLE TERRACE, FL 33617		_				
TITLE	S MCLAUCHUM LVAIDA				U0 0000034	9250	
NAME STREET ADDRESS	MCLAUGHLIN, LYNDA 11812 N 51ST STREET				U0000034 05/02/05-80	<i>1</i> 058-002 19	50.UO
CITY -ST - ZIP	TEMPLE TERRACE, FL 33617						
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NAME							
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STREET ADDRESS							
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TITLE	I						

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:

NAME STREET ADDRESS CITY+ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15 (813) 985-3329