

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90054 009 ***150.00

DOCUMENT # L34957

1. Entity Name

ST. PETE PAINT AND HARDWARE, INC.



Principal Place of Business

1201 1ST AVE NORTH
SAINT PETERSBURG FL 33701
US

Mailing Address

P. O. BOX 13088
ST. PETERSBURG FL 33733
US

40008842



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0162095

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUMMEL, H.E.
1641 FIRST AVENUE NORTH
SAINT-PETERSBURG FL-33713

7. Name and Address of New Registered Agent

Name

KATIE NICHOLS

Street Address (P.O. Box Number is Not Acceptable)

1641 FIRST AVENUE NORTH

City

ST. PETERSBURG

FL

Zip Code
33713

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

Katie Nichols

KATIE NICHOLS

1.25.05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VPO President** ☐ Delete
NAME NICHOLS, KATE
STREET ADDRESS 1682 OCEANVIEW DR.
CITY-ST-ZIP TIERRA VERDE FL

TITLE TD ☐ Delete
NAME NICHOLS, KATE
STREET ADDRESS 1682 OCEANVIEW DR.
CITY-ST-ZIP TIERRA VERDE FL

TITLE PD ☒ Delete
NAME RUMMEL, H E
STREET ADDRESS 1682 OCEANVIEW DR
CITY-ST-ZIP TIERRA VERDE FL 33715

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Katie Nichols

KATIE NICHOLS

1.25.05

727.895.7804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #