2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # M56229

1. Entity Name
MASTER PAINTERS - PAUL ROORDA, INC.

Principal Place of Business	Mailing Address
C/O PAUL ROORDA II PO BOX 1141 JUPITER, FL 33468 US	C/O PAUL ROORDA III 15700 75TH AVE PALM BEACH GARDENS, FL 33410 US

DO NOT WRITE IN THIS SPACE

03282005 No Chg P CR2E084 (10/03)

4. FEI Number
59-2840527
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROORDA, PAUL III
15700 75TH AVE
PALM BEACH GARDENS, FL 33418

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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 _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when changed) DATE

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROORDA, PAUL III
STREET ADDRESS	15700 75 AVE.
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	AV
NAME	ROORDA, PAUL JR.
STREET ADDRESS	200 OCEAN TRAIL WAY #401
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	S
NAME	ROORDA, IRENE
STREET ADDRESS	15700 75 AVE.
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	T
NAME	ROORDA, RUTH
STREET ADDRESS	200 OCEAN TRAIL WAY #401
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	VP
NAME	ROORDA, THEODORE
STREET ADDRESS	200 OCEAN TRAIL WAY #401
CITY-ST-ZIP	JUPITER, FL 33477
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 added above.

SIGNATURE: Ruth E. Roorda Ruth E. Roorda 3/28/05 561-747-2461
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER