2005 FOR PROFIT CORPORATION _ANNUAL REPORT (AR)

SIGNATURE: MONATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICE OR DIRECTOR

| DOCUMENT # P00000015364 1. Entity Name | | | | | | | Feb 25, 2005 08:00 AM Secretary of State | | | | |
|---|---------------|---|---------------------------------------|--|-----------------------|--|---|--|------------------------|---------------|----------------------------|
| MYERS PAINTING, INC. | | | | | | | | Secre | etary | oi Sta | ite |
| Principal Plac | ce of Busines | S | 1 | | | | | | | | |
| 11136 SAVAGE COURT 11136 SAVAGE COURT HOWEY-IN-THE-HILLS FL 34737 HOWEY-IN-THE-HILLS FL 34737 | | | | | | | | | | | |
| 2. Principal Place of Business | | | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Suite | e, Apt. #, etc. | | | i ti | st MOORE | CR2E034 | (10/04) | |
| City & State | | | City & State | | | | 4. FEI Numb | ^{per} 59-3630 555 | | | plied For at Applicable |
| Zip | Country | | | | ntry | 5. Certificat | e of Status Desired | | 8.75 Add ee Require | | |
| 6. Name and Address of Current Registered Agent | | | | | | Name | 7. Name an | d Address of New Ro | gistered A | gent | |
| MYERS, LORRAINE 11136 SAVAGE COURT | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| HOWEY-IN-THE-HILLS FL 34737 | | | | | | | | | | | |
| | | | | | | City | | | FL | Zip Code | > |
| 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, typod 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 Campa Trust Fund Cont | | | 00 May Be ed to Fees |
| 10. | | OFFICERS AND I | DIRECTÓ | RS | 11. | | ADDITIONS |) CHANGES TO OFFI | CERS AND | DIRECTORS | SIN 11 |
| TITLE NAME STREET ADDRESS | MYERS, D. | AVID A /AGE COURT | | 50000 | | F F CELADDRESS | | □ 0 000000242703 02/25/05-80010-022 15 | | ☐ Change | ☐ Addition |
| CITY-ST-ZIP | 1 | N-THE-HILLS FL 34737 | ···· | | | - ST- ZIP | | U2/25/U5-8UU | 10-022 | 150.80 | |
| TITLE NAME | P MYERS, G | ARY | | ☐ Delete | | F | | | | ☐ Change | ☐ Addition |
| STREET ADDRESS CJTY+ST-7IP | 1 | VAGE COURT N THE HILLS FL 34737 | | | ET AOORESS -ST-71P | | | | | | |
| TITLE NAME | V MYEBS D | ANNEL | | ☐ Delete | TITLE NAM | l l | | | | Change | Addition |
| STREET ADDRESS CITY: ST-ZIP | | ANIEL /AGE COURT I THE HILLS FL 34737 | | | STRE | ET ADORESS -ST-ZIP | | | | | |
| TITLE | | | · <u> </u> | ☐ Delete | TITLE | | - | | | ☐ Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | | E ET ADDRESS -SI - ZIP | | | | | |
| TITLE | f | | | ☐ Delele | THILE | | | | | ☐ Change | ☐ Addition |
| name Street address | <u> </u> | | | | NAM STRE | E ET ADDRESS | | | | | _ |
| CITY-ST-ZIP | | | · · · · · · · · · · · · · · · · · · · | | CITY | · ST · ZIP | · | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | 1 | ! | | | | ☐ Change | Addition |
| 12. I hereby of indicated of the cor | on this repor | e information supplied with rt or supplemental report is ne receiver or trustee empor achment with an address, w | true and a wered to d | accurate and that n execute this report | the exerny signat | mption stated in Se ture shall have the | same legal effe | ct as if made under oa | eth: that I ar | n an officer- | or director |

Date

Daytme Phone #

FILED