Aug 24 05 04:33p Anthony Wright

FILED
Aug 30, 2005 8:00 am
Secretary of State
08-30-2005 90028 003 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000042969

1. Entity Name
E-PAINT, INC.

Principal Place of Business	Mailing Address
1192 SILVERSTRAND DR NAPLES, FL 34110	PO BOX 110141 NAPLES, FL 34108

5006394G

C8242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3643273
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRANK, ANN T
2124 AIRPORT-PULING RD SOUTH STE 102
NAPLES, FL 34112

DO NOT WRITE IN THIS SPACE

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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH-FENTON, FRANCES
STREET ADDRESS	PO BOX 110141
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	S
NAME	FENTON, ROONEY A DECEASED
STREET ADDRESS	PO BOX 110141 (ATTACHMENT
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 8/25/05 239-514-8219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CERTIFIED COPY

ATTACHMENT

500639446

#P00004296 9

TYPE IN PERMANENT INK

LOCAL FILE NO.

FLORIDA CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last, Suffix)			2. SEX
RODNEY	A.	FENTON	Male

3. DATE OF BIRTH (Month, Day, Year)	4. AGE (Years)	4b. UNDER 1 YEAR Months	Days	4c. UNDER 1 DAY Hours	Minutes	5. DATE OF DEATH (Month, Day, Year)
November 20, 1944	60					July 29, 2005

6. SOCIAL SECURITY NUMBER	7. BIRTHPLACE (City and State or Foreign Country)	8. COUNTY OF DEATH
068-36-0445	Medina, New York	Collier

9. PLACE OF DEATH (Check only one) — HOSPITAL: ___ Inpatient X Emergency Room/Outpatient ___ Dead on Arrival — NON-HOSPITAL: ___ Hospice Facility ___ Nursing Home/Long Term Care Facility ___ Decedent's Home ___ Other (Specify)

10. FACILITY NAME (If not institution, give street address)	11a. CITY, TOWN, OR LOCATION OF DEATH	11b. INSIDE CITY LIMITS?
North Collier Hospital	Naples	___ Yes X No

12. MARITAL STATUS (Specify)	13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)
X Married ___ Married, but Separated ___ Widowed ___ Divorced ___ Never Married	Frances Smith

14a. RESIDENCE - STATE	14b. COUNTY	14c. CITY, TOWN, OR LOCATION
Florida	Collier	Naples

14d. STREET ADDRESS	14e. APT. NO.	14f. ZIP CODE	14g. INSIDE CITY LIMITS?
1192 Silverstrand Drive		34110	___ Yes X No

15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired"	15b. KIND OF BUSINESS/INDUSTRY
Owner / Operator	Wall Paper

16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.)

X White ___ Black or African American ___ American Indian or Alaskan Native (Specify tribe)

___ Asian Indian ___ Chinese ___ Filipino ___ Japanese ___ Korean ___ Vietnamese ___ Other Asian (Specify)

___ Native Hawaiian ___ Guamanian or Chamorro ___ Samoan ___ Other Pacific Isl. (Specify) ___ Other (Specify)

17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) ___ Yes (If Yes, specify) X No ___ Mexican ___ Puerto Rican ___ Cuban ___ Central/South American ___ Other Hispanic (Specify) ___ Haitian

18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.)

___ 8th or less ___ High school but no diploma ___ High school diploma or GED

___ College but no degree ___ College degree (Specify): X Associate ___ Bachelor's ___ Master's ___ Doctorate

19. WAS DECEDENT EVER IN U.S. ARMED FORCES? ___ Yes X No

20. FATHER'S NAME (First, Middle, Last, Suffix)	21. MOTHER'S NAME (First, Middle, Maiden Surname)
Frank H. Fenton	Ruth M. Caleb

22a. INFORMANT'S NAME	22b. RELATIONSHIP TO DECEDENT	22c. INFORMANT'S MAILING - STATE
Frances Smith-Fenton	Wife	Florida

23b. CITY OR TOWN	23c. STREET ADDRESS	23d. ZIP CODE
Naples	1192 Silverstrand Drive	34110

24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	25a. LOCATION - STATE	25b. LOCATION - CITY OR TOWN
The Beachwood Crematory	Florida	Naples

26a. METHOD OF DISPOSITION ___ Burial ___ Entombment X Cremation ___ Donation ___ Removal from State ___ Other (Specify)

26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED?	27a. LICENSE NUMBER (of Licensee)	27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH
X Yes ___ No	FE-2482	► Richard L. Anderson

28. NAME OF FUNERAL FACILITY	28a. FACILITY'S MAILING - STATE
The Beachwood Society, Inc.	Florida

29b. CITY OR TOWN	29c. STREET ADDRESS	29d. ZIP CODE
Naples	2900 14th. Street N. #40	34103

30. CERTIFIER: (Check one) X Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. ___ Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.

31a. (Signature and Title of Certifier)	31b. DATE SIGNED (mm/dd/yyyy)	32. TIME OF DEATH (24 hr.)	33. MEDICAL EXAMINER'S CASE NUMBER
► [signature] MD	July 30,2005	1905	

34a. LICENSE NUMBER (of Certifier)	34b. CERTIFIER'S NAME	35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)
ME 0065683	Alberto De La Rivaherrera, M.D.	David Perlmutter, M.D.

36a. CERTIFIER'S - STATE	36b. CITY OR TOWN	36c. STREET ADDRESS	36d. ZIP CODE
Florida	Naples	11190 Health Park Blvd.	34110

37. SUBREGISTRAR - Signature and Date	38a. LOCAL REGISTRAR - Signature	38b. DATE ACCEPTED BY REGISTRAR (Month, Day, Yr.)
►	► Zelda Reinos DR	AUG 01 2005

39. PROBABLE MANNER OF DEATH: The following are under the jurisdiction of the medical...

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY FUNERAL DIRECTOR

MEDICAL CERTIFIER

State of Florida, Department of Health, Vital Statistics