

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # P00000059595

1. Entity Name
**CONTINENTAL PAINTING, WATERPROOFING &
RESTORATION, INC.**



Principal Place of Business
**2950 N 28TH TERR
HOLLYWOOD, FL 33020**

Mailing Address
**2950 N 28TH TERR
HOLLYWOOD, FL 33020**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1019875	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KALLICHE, ANTHONY
C/O THE CONTINENTAL GROUP, INC
2950 N. 28TH TERRACE
HOLLYWOOD, FL 33020**

**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

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATTERSON, D. SCOTT FIRST SERVICE BLDG, 1140 BAY ST, STE 4000 TOTO, ONT M5S 2B4,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STRUNIN, RICHARD 2950 N 28TH TERR HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMBERG, GENE 2950 N 28TH TERR HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHRISTENSEN, STEVEN J 2950 N 28TH TERRACE HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FAILLACE, PAUL V 2950 N. 28TH TERRACE HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**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 officers and directors.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN J. CHRISTENSEN

Date

Daytime Phone #

1/6/05 (954) 925-8200