


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000065150
 1. Entity Name
 MD CUSTOM PAINTING SERVICES, INC.



Principal Place of Business Mailing Address
 4111 CHRISTA CT. 4111 CHRISTA CT.
 WINTER PARK, FL 32792 WINTER PARK, FL 32792

DO NOT WRITE IN THIS SPACE



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3666068 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOLLA, MARK J
 4111 CHRISTA CT.
 WINTER PARK, FL 32792

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

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

1100000218289
 02/07/05-80059-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TOLLA, MARK J
STREET ADDRESS	4111 CHRISTA CT.
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	VD
NAME	TOLLA, DAVID A
STREET ADDRESS	4111 CHRISTA CT.
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mark J. Tolla Mark J. Tolla 2-5-05 321-228-3840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #