

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90421 047 ***150.00

DOCUMENT # P00000068933

1. Entity Name
THOMAS PAINTING, INC.



Principal Place of Business
**4010 10TH STREET
HAINES CITY, FL 33844**

Mailing Address
**4010 10TH STREET
HAINES CITY, FL 33844**

14014593



2. Principal Place of Business
3808 ROLLING HILLS CTE
Suite, Apt. #, etc.

3. Mailing Address
3808 ROLLING HILLS CTE
Suite, Apt. #, etc.

04252005 Chg-P CR2E034 (10/03)

City & State
LAKE WALES, FL
Zip
33898 Country

City & State
LAKE WALES, FL
Zip
33898 Country

4. FEI Number
59-3671741

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THOMAS, JAMES D
4010 10TH STREET
HAINES CITY, FL 33844**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3808 ROLLING HILLS CTE
City **LAKE WALES** FL Zip Code **33898**

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 **D** ☐ Delete
NAME **THOMAS, JAMES D**
STREET ADDRESS **4010 10TH STREET**
CITY-ST-ZIP **HAINES CITY, FL 33844**

TITLE **D** ☐ Delete
NAME **THOMAS, JULIE A**
STREET ADDRESS **4010 10TH STREET**
CITY-ST-ZIP **HAINES CITY, FL 33844**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3808 ROLLING HILLS CTE**
CITY-ST-ZIP **LAKE WALES, FL 33898**

TITLE ☒ Change ☐ Addition
NAME **THOMAS, JULIE A.**
STREET ADDRESS **3808 ROLLING HILLS CTE**
CITY-ST-ZIP **LAKE WALES, FL 33898**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05 (863) 287-9653

Date

Daytime Phone #