


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90021 048 ***150.00

DOCUMENT # P00000076488 1. Entity Name ORANGE CITY PAINT & DECORATING CENTER, INC.	
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Principal Place of Business 106 W. ELM DRIVE ORANGE CITY, FL 32763	Mailing Address 106 W. ELM DRIVE ORANGE CITY, FL 32763
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50031653



03142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3678940	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent COODY, WILLIAM F 106 W. ELM DRIVE ORANGE CITY, FL 32763	DO NOT WRITE IN THIS SPACE
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST COODY, WILLIAM F 1858 CLAY COURT DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COODY, JULIA G 1858 CLAY COURT DELTONA, FL 32725
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 like empowered.

SIGNATURE: *Julia G Coody V.P.* 3-22-05 - 386 7756300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #