

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90385 012 ***150.00

DOCUMENT # P00000085852					
1. Entity Name FORTUNE'S CLASSIC PAINTING, INC.					
Principal Place of Business ORLANDO, FL APOPKA, FL 32712			Mailing Address 1151 PEBBLE BEACH CT ORLANDO, FL 32818		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 58-9372743			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			58.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FORTUNE, OLGA E 1151 PEBBLE BCH CT. APOPKA, FL 32712			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 filing this statement)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00					
9. Election Campaign Financing ☐ Trust Fund Contribution ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	FORTUNE, JOHNNY		NAME		
STREET ADDRESS	1151 PEBBLE BEACH FL		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP		
TITLE	RAST	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	FORTUNE, OLGA E		NAME		
STREET ADDRESS	1151 PEBBLE BEACH CT.		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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(5)(c), 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: _____			4/28/05 (40) 880 6000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		