FILED Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90490 010 ***150.00

	2003 FOR PROFIT NIFORM BUSINES	CORPORAT SS REPORT	ION (UB	R)	7			
DOCUMENT # P0000095591								
1. Entity Name LIVING COLOR PAINTING & DRYWALL, INC.					90099490			
Principal Place of Business Mailing Address 319 HARBOR TRAIL 319 HARBOR TRAIL ENTERPRISE, FL 32725 ENTERPRISE, FL 32725								
)	•						: PP//E (Ĉip: 0:/9/ 0 //	- (BIB) (IB) (BB)
2. Principal Place of Business 3. Mailing Address 1771 Laurel Road								
Suite, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Sta	City & State				59-3677630		pplied For of Applicable	
ヹゥ ろるフ	Sq Country	Zip	Countr	У	5. Certificate o	Status Desired	□ \$8.75 Ad Fee Require	
	6. Name and Address of Current R	legistered Agent	Ţ		7. Name and A	ddress of New Reg	istered Agent	
SHEEHAN, MIKE 319 HARBOR TRAIL ENTERPRISE, FL 32726 Street A					ke Sheehan ss (P.O. Box Number is Not Acceptable)			
	•			1771 City	Laure	1 Road	FI Zp Soo	÷
The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept								
SIGNATURE Superior Street representations of registered agent. 4/17/03 SIGNATURE Superior Street or Single-I represent agent and The Topic and Approximate Approximate an enhanced to the Contest of th								
	Sunamon y pout or printed name of the printed agent and the printed agent	<u>10 5 9 m 10 m 16</u>		A ST	23 2 2 1	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100	
AITO	r May 1, 2003 Fee will be \$550,00 k Payable to Florida Department of	1.00		. '		tion Campaign Finant Fund Contribution.		00 May Be d to Fees
-10.	OFFICERS AND D	IRECTORS	11. 10LE	PT		HANGES TO OFFICE	RS AND DIRECTOR	
NAME STREET ADDRESS	SHEEHAN, MIKE 319 HARBOR TRAIL	□ Delete	NAME STREET	ADDRESS 17	eehan,	Mike el Boac		ORZE034 (10/02)
CITY-ST-ZIP	ENTERPRISE, FL 32725	Delete	COY-S TITLE	11-ZIP LL	inter Po	rk, EL	<u>32784</u> □ Charge	Addition 95
NAME - STREET ADDRESS	- 71/200	□ Oeka	NAME STREET	ADDRESS			- credite	5
CITY-ST-ZP		☐ Delete	CITY-S TITLE	7-21P			☐ Change	Addition
NAME.		□ been	NAME					
- STREET ADDRESS CITY -ST - 2IP	-	· · · · · · · · · · · · · · · · · · ·	CUA-2	ADDRESS	•			}
TITLE		☐ Delete	1016				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZP		,	NAME STREET CITY-S	ADDRESS				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	·		NAMÉ STREET CITY-S	ADDRESS		,		
TITLE NAME) The sale of the	~ Delete	TITLE NAME	1-234	<u> </u>		Change	Addition
STIEET ADDRESS CITY-ST-2IP	- 19-1 - 1	,	1	ADORESS 1-21P			`.	2. 1. 2. 2.74
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 gustee empowered to except this report as required to Chapter 607, Florida Statutes, and that my name appears in block 10 or Block 11 if changed, or on an attachment with a address, with all other like empowered.								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR COM CRYPTOR PROPERTY								