


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90041 038 ***150.00

DOCUMENT # P00000111762 1. Entity Name MANUEL'S PAINTING OF CENTRAL FLORIDA, INC.			
Principal Place of Business 126 GUADALAHARA DRIVE KISSIMMEE, FL 34743		Mailing Address 126 GUADALAHARA DRIVE KISSIMMEE, FL 34743	
2. Principal Place of Business 3129 Fairfield Dr. Suite, Apt. #, etc.		3. Mailing Address 3129 Fairfield Dr. Suite, Apt. #, etc.	
City & State Kissimmee		City & State Kissimmee FL	
Zip 34743	Country Florida	Zip 34743	Country
4. FEI Number 59-3685487		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERNANDEZ, MANUEL 126 GUADALAHARA DRIVE KISSIMMEE, FL 34743		7. Name and Address of New Registered Agent Name MANUEL HERNANDEZ Street Address (P.O. Box Number is Not Acceptable) 3129 Fairfield Dr City Kissimmee FL Zip Code 34743	
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 X Manuel A. Hernandez DATE 2/1/05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DPTS	NAME HERNANDEZ, MANUEL	TITLE DPTS	NAME MANUEL HERNANDEZ
STREET ADDRESS 126 GUADALAHARA DRIVE	CITY-ST-ZIP KISSIMMEE, FL 34743	STREET ADDRESS 3129 FAIRFIELD DR	CITY-ST-ZIP KISSIMMEE, FLORIDA 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: X Manuel A. Hernandez <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2/1/05 Daytime Phone # 407-348 8071	