

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000015148

Entity Name: BRIAN'S PAINTING INC.

FILED
Jan 20, 2005
Secretary of State

Current Principal Place of Business:

1919 BAYWOOD DR
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

1919 BAYWOOD DR
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 65-1081525 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOFFITT, SARA
3975 BIRKSHIRE DR.
SARASOTA, FL 34241 US

Name and Address of New Registered Agent:

RILEY, SARA M
2857 WOOD ST
SARASOTA, FL 34237 US

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.

SIGNATURE: SARA M RILEY

01/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MOFFITT, BRIAN
Address: 2651 OAKMERE LANE
City-St-Zip: SARASOTA, FL 34231

Title: STD () Delete
Name: HOBBS, JOSH
Address: 5446 POTTER ST.
City-St-Zip: SARASOTA, FL 34232

Title: PD () Delete
Name: MOFFETT, SARA
Address: 3995 BIRKSHIRE DR.
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: MOFFITT, BRIAN
Address: 5641 BIDWELL PKWY APT 101
City-St-Zip: SARASOTA, FL 34233

Title: STD (X) Change () Addition
Name: HOBBS, JOSH
Address: 4562 ARDALE ST
City-St-Zip: SARASOTA, FL 34232

Title: PD (X) Change () Addition
Name: RILEY, SARA M
Address: 2857 WOOD ST
City-St-Zip: SARASOTA, FL 34237

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA M RILEY

PRES

01/20/2005

Electronic Signature of Signing Officer or Director

Date