

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90068 038 ***158.75

DOCUMENT # P01000016795

1. Entity Name
**AMERICAN PAINT CONTRACTING & PRESSURE
CLEANING, INC.**



Principal Place of Business
**808 E. 24TH PLAZA
PANAMA CITY, FL 32405**

Mailing Address
**808 E. 24TH PLAZA
PANAMA CITY, FL 32405**

50065563



2. Principal Place of Business
Panama City

3. Mailing Address
7930 Temple AVE

07122005 Chg-P CR2E034 (10/03)

City & State
PCB Fla.

4. FEI Number
59-3721879

Applied For
☐ Not Applicable

Zip
32408

Country
Bay

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**ORME, ERIC
4435 MILL BAYOU ROAD
PANAMA CITY, FL 32404**

7. Name and Address of New Registered Agent
Name **John A Petroff**
Street Address (P.O. Box Number is Not Acceptable)
7930 Temple AVE
City **PCB** FL Zip Code **32408**

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 **Eric Orme** DATE **9/6/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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 NAME STREET ADDRESS CITY - ST - ZIP	P ORME, ERIC 808 E. 24TH PLAZA PANAMA CITY, FL 32405 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Petroff John Ashley <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PETROFF, JOHN ASHLEY 7332 RUSSO RD. SOUTHPORT, FL 32409 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Campbell 4239 Ferris <input type="checkbox"/> Change <input checked="" 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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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 information empowered.

SIGNATURE: **John A Petroff** DATE **9/6/05** (850) 866-1116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR