

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000039067

FILED  
Feb 03, 2005  
Secretary of State

**Entity Name:** TOUCH OF CLASS PAINTING SERVICES, INC.

**Current Principal Place of Business:**

905 ALLMAN AVE.  
LEHIGH, FL 33917

**New Principal Place of Business:**

905 ALLMAN AVE.  
LEHIGH, FL 33971

**Current Mailing Address:**

PO BOX 60711.  
FORT MYERS, FL 33906

**New Mailing Address:**

**FEI Number:** 94-3395034

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DA CRUZ, GILBERTO  
905 ALLMAN AVE.  
LEHIGH, FL 33917 US

**Name and Address of New Registered Agent:**

DA CRUZ, GILBERTO  
905 ALLMAN AVE.  
LEHIGH, FL 33971 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:

02/03/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTS ( ) Delete  
Name: DA CRUZ, GILBERTO  
Address: 905 ALLMAN AVE.  
City-St-Zip: LEHIGH, FL 33917

Title: VPD ( ) Delete  
Name: CRUZ, ALENIZIA A VPD  
Address: 905 ALLMAN AVE.  
City-St-Zip: LEHIGH, FL 33917

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PDT (X) Change ( ) Addition  
Name: DA CRUZ, GILBERTO  
Address: 905 ALLMAN AVE.  
City-St-Zip: LEHIGH, FL 33971

Title: VPDT (X) Change ( ) Addition  
Name: CRUZ, ALENIZIA A VPDT  
Address: 905 ALLMAN AVE.  
City-St-Zip: LEHIGH, FL 33971

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: GILBERTO DA CRUZ

PDT

02/03/2005

Electronic Signature of Signing Officer or Director

Date