## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 02, 2005 08:00 AM **Secretary of State DOCUMENT # P01000056700** 1. Entity Name MCA PAINTING, INC. Principal Place of Business Mailing Address 3170 N FEDERAL HIGHWAY 2330 NE 51 ST LIGHTHOUSE POINT, FL 33064 103-C LIGHTHOUSE POINT, FL 33064 01292005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0546842 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DICRESCENZO, ANGELA DO NOT WRITE 3170 N FEDERAL HIGHWAY 103-C IN THIS SPACE LIGHTHOUSE POINT, FL 33064 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 Signature, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME GONZALES, ADONAY STREET ADDRESS 2330 NE 51 ST CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 TITLE 03/14/05-20054-025 156.00 NAME STREET ADDRESS CITY-ST-ZIP IMLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 according 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 regelver or thistee 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 attach that my name appears in Block 10 or Block 11 if changed, or on an attach that my name appears in Block 10 or Block 11 if changed.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

99-18-19-6307

**FILED**