2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2005 8:00 am
Secretary of State

03-10-2005 90132 027 ***158.75

1st MOORE CR2E034 (10/04)

DOCUMENT # P01000076664

1. Entity Name

MIKE LENTZ PAINTING, INC.

CHANGE OF ADRESS. 3339 GARFIELD HOLIDAY, FLA 3469

Principal Place of Business	Mailing Address
998 CROSLEY DR. DUNEDIN FL 34698	998 CROSLEY DR. DUNEDIN FL 34698

2. Principal Place of Business	3. Mailing Address
3339 GARFIELD DR	3339 GARFIELD DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLIDAY, FLA.	City & State: HOLIDAY, FLA.
Zip: 34691 Country: U.S.A.	Zip: 34691 Country: U.S.A.

4. FEI Number: 59-3731451 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LENTZ, DARREN (struck through)
998 CROSLEY DR.
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name: MIKE LENTZ

Street Address (P.O. Box Number is Not Acceptable): 3339 GARFIELD DR,

City: HOLIDAY FL Zip Code: 34691

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: Darren M. Lentz Mikelentz 1/26/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P President/OWNER	☐ Delete
NAME	LENTZ, DARREN CHANGE MIKE LENTZ	
STREET ADDRESS	998 CROSLEY DR.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	Mike Lentz Painting Inc. (struck through)	☐ Delete
NAME	3339 GARFIELD DR (struck through)	
STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY, FLA. 34691	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/Owner	☐ Change ☐ Addition
NAME	P-MikeLentz 3339 GARFIELD DR. HOLIDAY FLA 34691	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Mike Lentz Painting Inc. (struck through)	☐ Change ☐ Addition
NAME	3339 GARFIELD DR. (struck through)	
STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY, FLA 34691	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Darren M. Lentz MikeLentz 1/26/05 (727) 458-6869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #