


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

APPROVAL
07-08-2005 90027003***150.00
P02000001599

05 JUL 28 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Eckel JUL 28 2005

DOCUMENT # P02000001599 1. Entity Name ST. LAWRENCE PAINTING, INC.	
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Principal Place of Business MOBILE APOPKA, FL 32703	Mailing Address 1224 MARIE AVE. APOPKA, FL 32703
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DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 69-3319497 090-0187781	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KOSTER, LAWRENCE H 1224 MARIE AVE. APOPKA, FL 32703	DO NOT WRITE IN THIS SPACE
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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 title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST KOSTER, LAWRENCE H 1224 MARIE AVE. APOPKA, FL 32703
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IN THIS SPACE**

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: Lawrence H. Koster Lawrence H. Koster 6-2-05 407 7184604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #