2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000008862

1. Entity Name
ANDERSON PAINTING, INC.

Principal Place of Business	Mailing Address
160 W. OCALA ST.	160 W. OCALA ST.
UMATILLA, FL 32784	UMATILLA, FL 32784

DO NOT WRITE IN THIS SPACE

03082005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
01-0588704	Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, WILLIAM
160 W. OCALA ST.
UMATILLA, FL 32784

DO NOT WRITE IN THIS SPACE

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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	ANDERSON, WILLIAM
STREET ADDRESS	160 W. OCALA ST.
CITY-ST-ZIP	UMATILLA, FL 32784

U000000289733
04/06/05-80037-022 150.00

TITLE	
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STREET ADDRESS	
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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 like empowered.

SIGNATURE: _William E. Anderson_ PRESIDENT   04/04/05   (352) 669-5968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #