


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000022950**

1. Entity Name  
**KOHNE PAINTING, INC.**



Principal Place of Business      Mailing Address

**7349 CLARIES DRIVE**      **7349 CLARIES DRIVE**  
**SARASOTA FL 34243**      **SARASOTA FL 34243**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**01-0646017**       Not Applicable

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

1st MOORE      CR2E034 (10/04)

6. Name and Address of Current Registered Agent

**BARNES, GARRET T ESQ.**  
**3119 MANATEE AVENUE WEST**  
**BRADENTON FL 34205**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ (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      \$5.00 May Be Added to Fees

Trust Fund Contribution     

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE       Delete

NAME      **P**

STREET ADDRESS      **KOHNE, TOM**

CITY - ST - ZIP      **7349 CLARIES**  
**SARASOTA FL 34243**

TITLE       Change       Addition

NAME

STREET ADDRESS      **U00000253734**

CITY - ST - ZIP      **03/07/05-80043-013 150.00**

TITLE       Delete

NAME      **V**

STREET ADDRESS      **BOYD, LYNN**

CITY - ST - ZIP      **5020 23RD STREET EAST**  
**BRADENTON FL 34203**

TITLE       Change       Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE       Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE       Change       Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE       Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE       Change       Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE       Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE       Change       Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE       Delete

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: *Tom Kohne*      **3/4/05**      **941-355-7506**

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