2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000064259

1. Entity Name
JSL PAINTING, INC.

Principal Place of Business	Mailing Address
6935 CEDAR RIDGE DR.	6935 CEDAR RIDGE DR.
PINELLAS PARK, FL 33781	PINELLAS PARK, FL 33781

DO NOT WRITE IN THIS SPACE

02072005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
03-0455723	Not Applicable

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

6. Name and Address of Current Registered Agent

LEWIS, JAY S
6935 CEDAR RIDGE DR.
PINELLAS PARK, FL 33781

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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 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

HOOOU0236342
02/21/05-80015-009 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	PSTD	
NAME	LEWIS, JAY S	
STREET ADDRESS	6935 CEDAR RIDGE DR.	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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)(f), 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: _____ / JAY LEWIS   12-17-05   727-656-4196

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