

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000126780**

1. Entity Name  
**R.W. CREATIVE PAINTING CORP.**



Principal Place of Business  
**1039 HILLSBORO MILE #12  
HILLSBORO BEACH FL 33062**

Mailing Address  
**1039 HILLSBORO MILE #12  
HILLSBORO BEACH FL 33062**

2. Principal Place of Business  
**Same**

3. Mailing Address  
**Same**

Suite, Apt. #, etc.  
**Same**

City & State  
**Same**

Zip  
**Same**

Country  
**Same**



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3762844**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**WATKINS, RICHARD  
1039 HILLSBORO MILE #12  
HILLSBORO BEACH FL 33062**

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 *Richard Watkins President* *Richard Watkins* **1-20-05**  
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 **\$5.00** May  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>WATKINS, RICHARD 1039 #12 HILLSBORO MILE POMPANO BEACH FL 33062</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME <b>WATKINS, RICHARD</b>		NAME <input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS <b>1039 #12 HILLSBORO MILE</b>		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Add	
CITY-ST-ZIP <b>POMPANO BEACH FL 33062</b>		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE <b>VP</b>	<input type="checkbox"/> Delete <b>MCGUNISS, MARE 2715 NW 85TH WAY POMPANO BEACH FL 33065</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME <b>MCGUNISS, MARE</b>		NAME <input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS <b>2715 NW 85TH WAY</b>		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Add	
CITY-ST-ZIP <b>POMPANO BEACH FL 33065</b>		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE <b>S</b>	<input type="checkbox"/> Delete <b>VILEY, ROBERT 2013 NW 45 ST POMPANO BEACH FL 33066</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME <b>VILEY, ROBERT</b>		NAME <input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS <b>2013 NW 45 ST</b>		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Add	
CITY-ST-ZIP <b>POMPANO BEACH FL 33066</b>		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE <b>T</b>	<input type="checkbox"/> Delete <b>BRAUDOT, ADRIAN 11 SE 9 ST POMPANO BEACH FL 33060</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME <b>BRAUDOT, ADRIAN</b>		NAME <input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS <b>11 SE 9 ST</b>		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Add	
CITY-ST-ZIP <b>POMPANO BEACH FL 33060</b>		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME <input type="checkbox"/> Delete		NAME <input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS <input type="checkbox"/> Delete		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Add	
CITY-ST-ZIP <input type="checkbox"/> Delete		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard Watkins* **1-20-05** **954-444-9510**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #