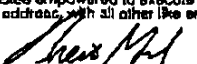


FILED
Jun 15, 2005 8:00 am
Secretary of State

05-02-2005 90553 045 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000129420			
1. Entity Name GARROD PAINTING, INC.			
Principal Place of Business 4112 32ND AVE SW NAPLES, FL 34116		Mailing Address 4112 32ND AVE SW NAPLES, FL 34116	
2. Principal Place of Business 4271 James Street		3. Mailing Address PO Box 494410	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State Port Charlotte, FL		City & State Port Charlotte, FL	
Zip 33980	Country	Zip 33949	Country
4. FEI Number 03-0496686		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BIFARETTI VILLALOBOS, CLAUDIO R 4112 32ND AVE SW NAPLES, FL 34116		7. Name and Address of New Registered Agent Name Edward L Wotitzky Street Address (P.O. Box Number is Not Acceptable) 990 W Marion Ave Ste 201 City Punta Gorda FL Zip Code 33950	
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 		DATE 6/7/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		B. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARROD, BRADLEY J JR 7956 PRESERVE CIR #884 NAPLES, FL 34419	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Garrod, Bradley J Jr 25530 Rampart Blvd Punta Gorda, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BIFARETTI VILLALOBOS, CLAUDIO R 4442 32ND AVE SW NAPLES, FL 34416	TITLE NAME STREET ADDRESS CITY-ST-ZIP	25530 Rampart Blvd Punta Gorda, FL 33983
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Garrod, Brent A 3289 SW Wildcat Run Road Arcadia, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: 		4-29-05 941-743-7266	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66023076



03152005 Chg-P CR2E034 (10/03)