


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90373 027 ***150.00

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| DOCUMENT # P03000000479 |  |
| 1. Entity Name BARBOSA PAINTING & PRESSURE CLEANING, CORP. | |

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| Principal Place of Business 2346 WINKLER AVE #207-A FT MYERS FL 33901 | Mailing Address 2346 WINKLER AVE #207-A FT MYERS FL 33901 |
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| 2. Principal Place of Business 2366 EAST MALL DRIVE #510 | 3. Mailing Address 2366 EAST MALL DRIVE #510 |
| Suite, Apt. #, etc. 510 | Suite, Apt. #, etc. 510 |

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|--------------------------------------|--------------------------------------|
| City & State FORT MYERS FL | City & State FORT MYERS FL |
| Zip 33901 | Zip 33901 |
| Country USA | Country USA |



1st MOORE CR2E034 (10/04)

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| 6. Name and Address of Current Registered Agent BARBOSA, CARLOS A 2346 WINKLER AVE #207-A FT MYERS FL 33901 | |
| 7. Name and Address of New Registered Agent Name BARBOSA, CARLOS Street Address (P.O. Box Number is Not Acceptable) 2366 EAST MALL DRIVE #510 City FORT MYERS FL Zip Code 33901 | |

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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  | DATE 04/12/05 |

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| 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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE DPVS | <input type="checkbox"/> Delete | TITLE PR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BARBOSA, CARLOS A | | NAME BARBOSA, CARLOS | |
| STREET ADDRESS 2346 WINKLER AVE #207-A | | STREET ADDRESS 2366 EAST MALL DRIVE #510 | |
| CITY-ST-ZIP FT MYERS FL 33901 | | CITY-ST-ZIP FT MYERS FL 33901 | |
| TITLE S | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BARBOSA, CARLOS A | | NAME | |
| STREET ADDRESS 2346 WINKLER AVE #207-A | | STREET ADDRESS | |
| CITY-ST-ZIP FT MYERS FL 33901 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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)(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. | |
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| SIGNATURE:  | 04/12/05 Date | 239-839-1886 Daytime Phone # |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |