


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-19-2005 90394 030 ***150.00

DOCUMENT # P03000002610
1. Entity Name
KOSTAS & CHRIS PAINTING, INC.



Principal Place of Business
**2387 ASHMORE DRIVE
CLEARWATER, FL 33763**

Mailing Address
**2387 ASHMORE DRIVE
CLEARWATER, FL 33763**

DO NOT WRITE IN THIS SPACE

00030771



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number
01-0764849 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**NIKOLOPOULOS, KONSTANTINOS
2387 ASHMORE DRIVE
CLEARWATER, FL 33763**

**DO NOT WRITE
IN THIS SPACE**

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 *Konstantinos Nikolopoulos* DATE *4/15/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NIKOLOPOULOS, KONSTANTINOS 2387 ASHMORE DRIVE CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEVASTOS, CHRISTOS 23 HILLCREST AVE CLEARWATER, FL 33755
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	

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IN THIS SPACE**

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: *Konstantinos Nikolopoulos* **KONSTANTINOS NIKOLOPOULOS** *4/15/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #