

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000014670</b>	
1. Entity Name DAVID J. THOMPSON PAINTING, INC.	
Principal Place of Business 420 MIST COURT SE PALM BAY, FL 32909	Mailing Address 420 MIST COURT SE PALM BAY, FL 32909



**DO NOT WRITE IN THIS SPACE**

04152005 No Chg-P CR2E034 (10/03)

4. FEI Number 55-0818348	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent  THOMPSON, TRACI 420 MIST COURT SE PALM BAY, FL 32909	<b>DO NOT WRITE IN THIS SPACE</b>
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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 Traci L. Thompson Traci L. Thompson 4/15/05  
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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

U00000313861  
04/18/05-80143-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P THOMPSON, DAVID J 420 MIST COURT SE PALM BAY, FL 32909
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP THOMPSON, TRACI L 420 MIST COURT SE PALM BAY, FL 32909
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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)(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: Traci L. Thompson Traci L. Thompson 4/15/05 321 676 3598  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #