

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000017956

FILED
Apr 29, 2005
Secretary of State

Entity Name: JASON SILFIES PAINTING INC.

Current Principal Place of Business:

6415 DALLAS AVE
COCOA, FL 32927

New Principal Place of Business:

Current Mailing Address:

6415 DALLAS AVE
COCOA, FL 32927

New Mailing Address:

FEI Number: 20-0161440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEHNEL, JENNIFER
6415 DALLAS AVE
PORT ST JOHN, FL 32927 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SILFIES, JASON
Address: 6415 DALLAS AVE
City-St-Zip: PORT ST JOHN, FL 32927

Title: VD () Delete
Name: FEHNEL, JEROMEY
Address: 6415 DALLAS AVE
City-St-Zip: PORT ST JOHN, FL 32927

Title: SD () Delete
Name: FEHNEL, JENNIFER
Address: 6415 DALLAS AVE
City-St-Zip: PORT ST JOHN, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON SILFIES

PD

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date