

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90001 007 ***158.75

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1. Entity Name
RAYMOND WITTE PAINTING, INC.



Principal Place of Business
**1624 DON SAN GEORGE COURT
ORLANDO, FL 32812**

Mailing Address
**1624 DON SAN GEORGE COURT
ORLANDO, FL 32812**

DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number
90-0061158

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WITTE, RAYMOND JR.
1624 DON SAN GEORGE CT
ORLANDO, FL 32812**

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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 Wanda Robson V.P. / Wanda Robson
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1-6-05
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**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **WITTE, RAYMOND JR**
STREET ADDRESS **1624 DON SAN GEORGE CT**
CITY-ST-ZIP **ORLANDO, FL 32812**

TITLE **VP**
NAME **ROBSON, WANDA**
STREET ADDRESS **1624 DON SAN GEORGE CT.**
CITY-ST-ZIP **ORLANDO, FL 32812**

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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.

SIGNATURE: Wanda Robson V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-05
Date

Daytime Phone #