


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90077 004 \*\*\*150.00

DOCUMENT # P03000041113 1. Entity Name AMERICAN INDUSTRIAL PAINTING, INC.	
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Principal Place of Business <del>P.O. BOX 1681</del> <del>TARPON SPRINGS, FL 34688</del> 3742 Darlington Road, Holiday FL 34691	Mailing Address <del>P.O. BOX 1681</del> <del>TARPON SPRINGS, FL 34688</del> 3742 Darlington Road, Holiday FL 34691
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**DO NOT WRITE IN THIS SPACE**

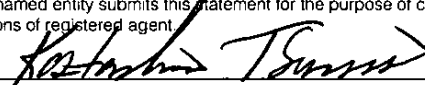
02022005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-4248308	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  TSAVARIS, KOSTANDINOS 3742 DARLINGTON ROAD HOLIDAY, FL 34691
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**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:  Vice President 2/25/05

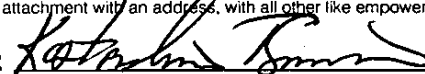
(NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOWLIN, WALTER Q JR. <del>P.O. BOX 1681</del> 3742 Darlington Road <del>TARPON SPRINGS, FL 34688</del> Holiday, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Kostadinovs Tsavaris 3742 Darlington Road Holiday, FL 34691
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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:  Vice President 2/25/05 (727) 214-7268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #