

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 P.O. BOX 1681 TARPON SPRINGS, FL 34688	Mailing Address P.O. BOX 1681 TARPON SPRINGS, FL 34688
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3742 Darlington Road, Holiday FL 34691

60011131



02022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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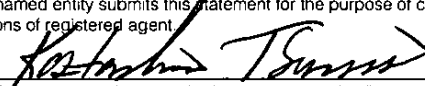
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

TSAVARIS, KOSTANDINOS
 3742 DARLINGTON ROAD
 HOLIDAY, FL 34691

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 DATE: 2/25/05

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

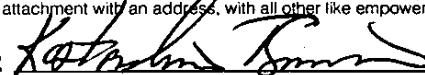
FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOWLIN, WALTER Q JR. P.O. BOX 1681 3742 Darlington Road TARPON SPRINGS, FL 34688 Holiday, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Kostadin Tsavaris 3742 Darlington Road Holiday, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE 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:  Vice President DATE: 2/25/05 (727) 214-7268

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