

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90205 004 ***150.00

DOCUMENT # P03000044965					
1. Entity Name IQ PLASTERING & PAINTING, INC				Mailing Address 3275 S. JOHN YOUNG PARKWAY KISS FL 34746 SUITE# 202	
Principal Place of Business 1001 N CENTRAL AVENUE KISSIMMEE, FL 34741				2. Principal Place of Business 2522 VOLTA CIRCLE	
Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.	
City & State KISSIMMEE FLORIDA				City & State	
Zip 34746		Country US		Zip	
Country		Country		4. FEI Number 51-0461084	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ALARCON, MARIO 1001 NORTH CENTRAL AVENUE KISSIMMEE, FL 34741				7. Name and Address of New Registered Agent Name ALARCON, MARIO Street Address (P.O. Box Number is Not Acceptable) 2522 VOLTA CIRCLE City KISSIMMEE FL Zip Code 34746	
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: DATE: 04-21-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALARCON, MARIO 324 FIELDSTREAM BLVD ORLANDO, FL 32824		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALARCON, MARIO 2522 VOLTA CIRCLE KISSIMMEE FL 34746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 reported.					
SIGNATURE:				DATE: 04-21-05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	