

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-22-2005 90008 011 ***150.00

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ALABAMA, FLORIDA



1st MOORE CR2E034 (10/04)

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DOCUMENT # P03000078799 1. Entity Name SETH SAUDER PAINTING INC.																							
Principal Place of Business 7291 NW 47 PL FT LAUDERDALE FL 33319			Mailing Address 7291 NW 47 PL FT LAUDERDALE FL 33319																				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																					
City & State Zip		City & State Zip		4. FEI Number 56-2377382																			
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 SAUDER, SETH 7291 NW 47 PL FT LAUDERDALE FL 33319			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																				
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																				
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>SAUDER, SETH</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>7291 NW 47 PL FT LAUDERDALE FL 33319</td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	SAUDER, SETH		CITY-ST-ZIP	7291 NW 47 PL FT LAUDERDALE FL 33319		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
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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: <u>SETH SAUDER</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3-15-05</u> (954) 261-9616 <small>Daytime Phone #</small>																				