


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000090118 1. Entity Name PRO FINISH PAINTING, INC.	
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Principal Place of Business P.O. BOX 1479 HOMOSASSA SPRINGS, FL 34447	Mailing Address P.O. BOX 1479 HOMOSASSA, FL 34447
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DO NOT WRITE IN THIS SPACE



07252005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2393203	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LESLIE, DAVID
9668 N LORETTA WAY
CITRUS SPRINGS, FL 34434**

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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 *David Leslie* (NOTE: Registered Agent signature required when retitling) DATE 7/28/05

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	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 LESLIE, DAVID P.O. BOX 1479 HOMOSASSA, FL 34447
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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: *David Leslie* 8/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #