

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000098867

FILED  
May 02, 2005  
Secretary of State

Entity Name: AARON COMMERCIAL & RESIDENTIAL PAINTING, INC.

## Current Principal Place of Business:

308 SW 145TH STREET  
OCALA, FL 34473 US

## New Principal Place of Business:

5220 SE 106TH LANE  
BELLEVIEW, FL 34420 US

## Current Mailing Address:

308 SW 145TH STREET  
OCALA, FL 34473 US

## New Mailing Address:

5220 SE 106TH LANE  
BELLEVIEW, FL 34420 US

FEI Number: 38-3694830

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEGALZOOM NEVADA INC  
44 W. FLAGLER ST.  
SUITE 675  
MIAMI, FL 33130 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: KEEL, PHILLIP A  
Address: 308 SW 145TH STREET  
City-St-Zip: OCALA, FL 34473 US

Title: TREA ( ) Delete  
Name: KEEL, CHARLENE  
Address: 308 SW 145TH STREET  
City-St-Zip: OCALA, FL 34473 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: KEEL, PHILLIP A  
Address: 5220 SE 106TH LANE  
City-St-Zip: BELLEVIEW, FL 34420 US

Title: VP (X) Change ( ) Addition  
Name: KEEL, CHARLENE  
Address: 5220 SE 106TH LANE  
City-St-Zip: BELLEVIEW, FL 34420 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLENE KEEL

VP

05/02/2005

Electronic Signature of Signing Officer or Director

Date