## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2005 8:00 am Secretary of State

4-28-05 Date D

DOCUMENT # P03000107172  1. Entity Name RANDALL ATWOOD PAINTING, INC.								05-02-2005 9	90967 01	.0 ***150	0.00
Principal Place of Business 11165 S.E. GOMEZ AVE HOBE SOUND, FL 33455			111	ng Address 65 S.E. GOMEZ AV BE SOUND, FL 334		(AB)(P\$) 1))		<b>.</b>		*!##\      <b>*#</b> #	
2. Principal Place of Business			3. Ma	3. Mailing Address							
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			04282005	Chg-P	CR2E0	34 (10/03)	
City & State			City	/ & State		4. FEI Numbe 20-034	=		<del>  </del> -	plied For at Applicable	
Zip					Coun	try		of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Curren	t Register	ed Agent		7. Name and Address of New Registered Agent Name					
INGRAM, SR., WILLIAM T 11120 S.E. FEDERAL HIGHWAY HOBE SOUND, FL 33455						Street Address	P.O. Box Number	er is Not Acceptable	<del>;</del> )		<del></del>
HOBE SO	UND, FE	33455									
						City Hobe	Sound		FL	Zip Codi د نی	955
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  Signature. Typed or printed name of registered aport and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
		FEE IS \$150.00 5 Fee will be \$550	.00	9. Election Campa Trust Fund Cont			.00 May Be led to Fees				
10.	OFFICERS AND DIRECTORS				11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Delete  ATWOOD, RANDALL  11165 SE GOMEZ AVE. HORE SOLIND, EL. 33455									☐ Change	■ Addition
TITLE NAME	S Delete					-51-4F E				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	11165 SE GOMEZ AVE.					ET ADDRESS -ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		i i				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		1				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition
indicated	on this repo	e information supplied wi rt or supplemental report ne receiver or trustee em	is true and	accurate and that r	ny signal	ture shall have the	same legal effec	t as if made under o	oath; that I a	am an officer	or director