

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000111667

1. Entity Name
EZRA SWEENEY PAINT COMPANY



Principal Place of Business
5350 TICONDEROGA STREET
MILTON, FL 32570

Mailing Address
5350 TICONDEROGA STREET
MILTON, FL 32570



02232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2408142

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWEENEY, BARBARA JANE
5350 TICONDEROGA STREET
MILTON, FL 32570

**DO NOT WRITE
IN THIS SPACE**

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SWEENEY, EZRA JUNIOR
STREET ADDRESS 5350 TICONDEROGA STREET
CITY-ST-ZIP MILTON, FL 32570

TITLE V
NAME SMITH, KRISTOPHER D
STREET ADDRESS 5350 TICONDEROGA STREET
CITY-ST-ZIP MILTON, FL 32570

TITLE S
NAME SWEENEY, BARBARA JANE
STREET ADDRESS 5350 TICONDEROGA STREET
CITY-ST-ZIP MILTON, FL 32570

TITLE T
NAME SWEENEY, CECIL ELBERT
STREET ADDRESS 5350 TICONDEROGA STREET
CITY-ST-ZIP MILTON, FL 32570

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UN00000270659
03/21/05-80016-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ezra Sweeney*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ezra Sweeney

President 03-15-2005 8506260661