2005 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT				May 02, 2005 08:00 AM Secretary of State			
1	MENT # P030001128			Secreta	ary of S	state	
1. Entity Nar WESTPH	^{ne} HELING PAINTING, INC.						
Principal Pla	ce of Business	Mailing Address		1	•		
404A BLDG	#4 4720 AVENUE B NE, FL 32086	404A BLDG #4 4720 AVENUE ST AUGUSTINE, FL 32086	В	 	ER MUNKU 1111F MUNIU MURA DU	81 11881 (38 1 6 8881 1811	E STEWNI IINNINNE SE INNI
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DO NOT WRITE IN THIS SPACE			CE	04262005	No Chg-P	CR2E034 (1	10/03)
L	O NOI WHILE	IN THIS SPA	CE	4. FEI Numb 57-119			Applied For Not Applicable
			- · ·	5. Certificate	e of Status Desired		5 Additional Required
	6. Name and Address of Current Re	gistered Agent					· · · · · · · · · · · · · · · · · · ·
4720 AVE 404A BLD					NOT W THIS SF		
8. The above	named entity submits this statement for ti	ne purpose of changing its register	ed office or register	red agent, or bo	oth, in the State of Flo	rída. I am familia	ar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	idle if annimable CMTTE Bendelson	d Agent signature required	Ludens rainetaline)		DATE	<u> </u>
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finar	noing _ \$5.	.00 May Be		<u> </u>	<u> </u>
10.	OFFICERS AND DI	RECTORS	1	· · · · · · · · · · · · · · · · · · ·		·····	
TITLE	PSTD		•			•	
NAME	WESTPHELING, E. CHRISTIAN						
STREET ADDRESS CITY-ST ZIP	404A BLDG #4 4720 AVENUE B ST AUGUSTINE, FL 32086						
TITLE	STAGGOSTINE, FL 32060						4
NAME							
STREET ADDRESS							
CITY+ST-ZIP TITLE			ł		05/04/05-9	57947 0091-001	150.00
NAME STREET ADDRESS							wind a con-
CITY-ST-ZIP				DO	NOT W	RITE	
TITLE			•	_		-	
NAME			ļ	IIN	THIS SF	ACE	
STREET ADDRESS CITY-ST-ZIP			ļ				
TITLE							
NAME			Í				
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 f19.07(3)(i), Florida Statutes. Flurther 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 trusted 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: __

NAME STREET ADDRESS CiTY-\$1-2iP

> E. Christian Westpheling, Pres. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-797-7534