2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000114644

1. Entity Name
PETE THE PAINTER, INC.

Principal Place of Business	Mailing Address
9765 BRIGHTWOOD ROAD JACKSONVILLE, FL 32257	9765 BRIGHTWOOD ROAD JACKSONVILLE, FL 32257

DO NOT WRITE IN THIS SPACE

01262005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
20-0215220	Not Applicable

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

6. Name and Address of Current Registered Agent

SHAHUM, PETER
9765 BRIGHTWOOD ROAD
JACKSONVILLE, FL 32257

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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_____

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

UNNNN0211356
02/02/05-80115-011 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P,VP
NAME	SHAHUM, PETER
STREET ADDRESS	9765 BRIGHTWOOD ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	SEC
NAME	SHAHUM, MARIA
STREET ADDRESS	9765 BRIGHTWOOD ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Peter J. Shahum_ Peter J Shahum   1-31-05   (904) 739-214.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #