


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90557 003 \*\*\*150.00

DOCUMENT # P03000115027					
1. Entity Name <b>B &amp; C PAINTING &amp; WALLPAPER, INC.</b>					
Principal Place of Business <b>924 RUSSELL AVE INVERNESS, FL 34453</b>			Mailing Address <b>924 RUSSELL AVE INVERNESS, FL 34453</b>		
2. Principal Place of Business <b>1445 E. M<sup>E</sup> KINLEY ST.</b>		3. Mailing Address <b>P.O. Box 223</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>HERNANDO FLORIDA</b>		City & State <b>HERNANDO FLORIDA</b>		4. FEI Number <b>27-0071416</b>	
Zip <b>34442</b>		Country <b>CITRUS</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>34442</b>		Country <b>CITRUS</b>		6. Name and Address of Current Registered Agent	
<b>BLANCHETTE, RALPH H</b> <b>484 W HILLWOOD PATH</b> <b>BEVERLY HILLS, FL 34465</b>					
7. Name and Address of New Registered Agent Name <b>—RALPH H. BLANCHETTE—</b> Street Address (P.O. Box Number is Not Acceptable) <b>1432 E CLEVELAND STREET</b> City <b>HERNANDO</b> FL <b>34442</b>					
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 <u><i>Ralph H. Blanchette</i></u> DATE <u>04/28/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORIAN, ROBERT 924 RUSSELL AVE INVERNESS, FL 34453	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORIAN ROBERT 1445 E MEKINLEY ST. HERNANDO, FL 34442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORIAN, CHERYL 924 RUSSELL AVE INVERNESS, FL 34453	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORIAN CHERYL 1445 E MEKINLEY ST. HERNANDO, FL 34442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Cheryl Dorian</i></u>			04/28/05 352-341-1641		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		