2005 FOR PROFIT CORPORATION

FILED Jan 28, 2005 08:00 AM Secretary of State

| ANNUAL REPORT |
|----------------------------|
| DOCUMENT # P03000115783 |
| JAN MIELECH PAINTING, INC. |

6. Name and Address of Current Registered Agent

Mailing Address

Principal Place of Business 1931 WORTHINGTON DR. DELTONA, FL 32738

1931 WORTHINGTON DR. DELTONA, FL 32738



DO NOT WRITE IN THIS SPACE

01152005 No Chg-P CR2E034 (10/03)

| 4. | FEI Number | |
|----|------------|--|
| | 20-0284513 | |

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

MIELECH, JAN J 1931 WORTHINGTON DR. DELTONA, FL 32738

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|---|--|---|--|--------------------------------|--|--|
| 8. The above the obligat | named entity submits this statement for the pations of registered agent. | urpose of changing its registered of | office or r | egistered agent, or bo | ith, in the State of Florida. I am familiar with, and accept | |
| SIGNATURE | Signature, typed or printed name of registered agent and title it | applicable. INOTE, Registered Ag | eat signature | e required when reinstating) | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | Election Campaign Financin Trust Fund Contribution. | | \$5.00 May Be Added to Fees | Types I is a second of the sec | |
| 10. | OFFICERS AND DIREC | TORS | | | | |
| TITLE NAME STREET AGGRESS CITY-ST-ZIP | P MIELECH, JAN J 1931 WORTHINGTON DR. DELTONA, FL 32738 | | ., | | Unnanganakae | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | VTS MIELECH, BARBARA 1931 WORTHINGTON DR. DELTONA, FL 32738 | | | | U00000202496 01/28/05-80110-021 158.75 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ************************************** | | Tananan managa te ee ee ee | |
| TITLE Name Street address City-St-Zip | | | | | | |
| 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. | | | | | | |