2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000119841  1. Entity Name  C & K PAINTING OF THE SUNCOAST INC.				Apr 27, 2005 08:00 AN Secretary of State
Principal Plac	ce of Business	Mailing Address	,	
16095 SAM C RD BROOKSVILLE FL 34613		16095 SAM C RD BROOKSVILLE FL 34613		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)
City & State		City & State		4. FEI Number 20-0352458 Applied For Not Applicable
Zip	Country	Zip	Country	Certificate of Status Desired
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
WARDER, CHARLES C 16095 SAM C RD BROOKSVILLE FL 34613			Name	
			Street Addres	s (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
8. The above the obligat	named entity submits this statement to tions of registered agent.	or the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida I am familiar with, and accept
SIGNATURE.	Signature, typod or printed name of registered age-	and tife if applicable (NOT	E Registered Agent signature requ	ired when reinstating) DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department of			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-57-ZIP	D WARDER, CHARLES C 16095 SAM C RD BROOKSVILLE FL 34613	□ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	U00000334363 □ Change □ Addition 04/27/05~80041-012 150.00
NAME STREET ADDRESS GITY-ST-ZIP		Oelète —	TRILE NAME STREET ADDRESS CITY-ST-ZIP	Thange ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Dalete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS GIY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	— 1 ☐ Change ☐ Activitie
THILE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY+ST+ZIP	Change Adville

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section (19.07(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 direction 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: SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2005 351 799-6245

**FILED**