

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 JUN -2 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08/24/04 90002 014 150



05252005 REIN-P CR2E098 (6/04)

4. FEI Number **03-0530446** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CANNON, BARBARA
6228 SPRINGWOODS LANE
LAKELAND, FL 33811

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANNON, LARRY 6228 SPRINGWOODS LANE LAKELAND, FL 33811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CANNON, BARBARA 6228 SPRINGWOODS LANE LAKELAND, FL 33811	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

500055977245
06/09/05--01051--025 *\$100.00

07/13/05 -- 01009 -- 001 \$50.00

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:

Barbara Cannon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S-25-05

Date

8636480123

Daytime Phone #

ALA Paralegal, Inc.

Tax Consulting, Accounting & Tax Problems Resolution

206 Lake Harris Drive
Lakeland, FL 33813
863-648-0123 Fax-863-647-5905
E-Mail: Cooktax@aol.com

May 25, 2005

Secretary of State
Division of Corporations
P.O. Box 6327
Attn: Reinstatement
Tallahassee, FL 32304

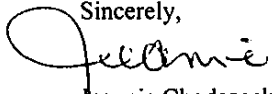
RE: Cannon Painting Inc. # P03000120744

Dear Sirs/Madams:

We are attaching an Application for Corporation Reinstatement for the above listed Corporation. The UBR's Annual Report was not received for 2004. The taxpayer corporation was under the assumption that our office had filed the reports for them and so did not question the fact that they had not received the UBR. We are enclosing our check in the amount of \$150.00 for the regular filing fee and ask that you abate the penalty.

Thank you for your attention to this matter. If you have any questions, please do not hesitate to contact my office.

Sincerely,



Jeannie Chodazeck
Account Manager

Cc: PCC, Inc.