


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2005 8:00 am
Secretary of State

02-17-2005 90029 010 ***150.00

DOCUMENT # P03000124668 1. Entity Name JOHN THOMPSON'S PAINTING, INC.																																																																																																		
Principal Place of Business 10448 ORANGE BLOSSOM LANE SEMINOLE FL 33772			Mailing Address 10448 ORANGE BLOSSOM LANE SEMINOLE FL 33772																																																																																															
2. Principal Place of Business		3. Mailing Address																																																																																																
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																
City & State		City & State																																																																																																
Zip	Country	Zip	Country																																																																																															
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																														
THOMPSON, JOHN M 10448 ORANGE BLOSSOM LANE SEMINOLE FL 33772				Name																																																																																														
				Street Address (P.O. Box Number is Not Acceptable)																																																																																														
				City																																																																																														
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																														
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																																																																																		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees																																																																																															
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>THOMPSON, JOHN M</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>10448 ORANGE BLOSSOM LANE SEMINOLE FL 33772</td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3"> </td></tr> </table> </div> </div>						TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	THOMPSON, JOHN M		CITY- ST- ZIP	10448 ORANGE BLOSSOM LANE SEMINOLE FL 33772					TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY- ST- ZIP						TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY- ST- ZIP						TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY- ST- ZIP						TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 if changed, or on an attachment with an address with all other like empowered.																																																																																																		
SIGNATURE: <u>John M. Thompson</u> JOHN M. THOMPSON <u>2-6-05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																		