


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

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

02-02-2005 90049 002 \*\*\*150.00

**DOCUMENT # P03000125237**

1. Entity Name  
**TIM RIEHM PAINTING, INC.**



Principal Place of Business      Mailing Address  
**1119 MELODY LANE**      **1119 MELODY LANE**  
**SEBRING FL 33872**      **SEBRING FL 33872**



1st MOORE      CR2E034 (10/04)

2. Principal Place of Business      3. Mailing Address  
*Tim Riehm*      *Tim Riehm*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*1119 Melody LN*      *1119 Melody LN*  
 City & State      City & State  
*Sebring FLA*      *Sebring FLA*  
 Zip      Country      Zip      Country  
*33872*      *Highlands*      *33872*      *Highlands*

4. FEI Number      Applied For  
**03-0536206**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**RIEHM, TIM**  
**1119 MELODY LANE**  
**SEBRING FL 33872**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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.       **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	RIEHM, TIM	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Riehm Tim
NAME	1100 HIGHLAND DRIVE	NAME	1119 Melody LN
STREET ADDRESS	SEBRING FL 33870	STREET ADDRESS	Sebring Fl. 33872
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete	MCOQUILLAN, SHANNON	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	McQuillan Shannon
NAME	1100 HIGHLAND DRIVE	NAME	1119 Melody LN
STREET ADDRESS	SEBRING FL 33870	STREET ADDRESS	Sebring Fl. 33872
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Tim Riehm*      Date: *1-26-05*      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR