


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000127336  
 1. Entity Name  
 ASPEN PAINTING, INC.



Principal Place of Business      Mailing Address  
 840 PINE DRIVE                      840 PINE DRIVE  
 203    203  
 POMPANO BEACH, FL 33060 US      POMPANO BEACH, FL 33060 US



**DO NOT WRITE IN THIS SPACE**

05232005    No Chg-P    CR2E034 (10/03)

4. FEI Number                      Applied For  
 20-0366370                      Not Applicable

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

6. Name and Address of Current Registered Agent

CERCENA, STEVEN J  
 840 PINE DRIVE  
 203  
 POMPANO BEACH, FL 33060

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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

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	PST CERCENA, STEVEN J 840 PINE DRIVE #203 POMPANO BEACH, FL 33060
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**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_      Date: 5-23-05      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR