


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90113 040 ***150.00

DOCUMENT # P03000129534					
1. Entity Name JAMES STACK PAINTING AND PRESSURE WASHING INC.					
Principal Place of Business 1402 PRARIE LAKE BLVD. OCOEE, FL 34761			Mailing Address 14820 DOGWOOD COVE LANE #104 WINTER GARDEN, FL 34787		
2. Principal Place of Business		3. Mailing Address 4841 Pat Ann Terrace			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Orlando FL 32808		4. FEI Number 45-0527234	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
32808		32808		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STACK, JAMES 1402 PRARIE LAKE BLVD. OCOEE, FL 34761			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: <u>Elizabeth Stack</u> DATE: <u>4/30/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME STACK, JAMES STREET ADDRESS 14820 DOGWOOD COVE LANE #104 CITY-ST-ZIP WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete		TITLE P NAME James Stack STREET ADDRESS 4841 Pat Ann Terrace CITY-ST-ZIP Orlando FL, 32808	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME STACK, ELIZABETH STREET ADDRESS 14820 DOGWOOD COVE LANE #104 CITY-ST-ZIP WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete		TITLE V NAME Elizabeth Stack STREET ADDRESS 4841 Pat Ann Terrace CITY-ST-ZIP Orlando, FL, 32808	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Elizabeth Stack</u>			4/30/05 (321)229-1433		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		