

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2/4/2005-90052-040-\$150.00-\$150.00 *
9/1/2005-90024-009-\$150.00-\$150.00

DOCUMENT # P03000131017		
1. Entity Name CARLSON PAINTING, INC.		

Principal Place of Business 4356 MCDONALD GLAY ROAD APOPKA FL 32712	Mailing Address 4356 MCDONALD GLAY ROAD APOPKA FL 32712
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2. Principal Place of Business 4356 McDonald Glay Rd	3. Mailing Address 4356 McDonald Glay Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Apopka	City & State
Zip 32712	Country Doagc

6. Name and Address of Current Registered Agent CARLSON, KEITH W 4356 MCDONALD GLAY APOPKA FL 32712	
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REINSTATEMENT 05

4. FEI Number 200381442	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

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 Keith Carlson	DATE 8/23/05

FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARLSON, KEITH W	NAME	
STREET ADDRESS	4356 MCDONALD GLAY ROAD	STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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: Keith Carlson	DATE: 9/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	