Daytime Phone #

REMSTATEMENT 04-05 2005 FOR PROFIT CORPORATION REINSTATEMENT **DOCUMENT # P03000133286** FILFD 1. Entity Name OGELSBY CUSTOM PAINTING AND LAWN CARE, INC. 05 IAN 24 PH 2: 21 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 3535 ROBERTS AVE #209 3535 ROBERTS AVE #209 TALLAHASSEE, FL 32310 TALLAHASSEE, FL 32310 لصمدك 3. Mailing Address 33 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E098 (6/04) 01072005 REIN-P  $\mathcal{S}_{\mathcal{C}}$ City & State City & State 4. FÉI Number Applied For <u>37- 14</u>78669 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 正のり Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ڪو OGLESBY, ROBERT 3535 ROBERTS AVE #209 TALLAHASSEE, FL 32310 FL -9425see 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. رصمر, SIGNATURE. Signature, typed or printed name of registered agent is (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE 1S \$900.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE V.P ☐ Change Addition TITLE ☐ Detete OGLESBY, ROBERT SC NAME 2 NAME 1619 Old Ballbries STREET ADDRESS 3535 ROBERTS AVE #209 STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32310 CITY-ST-7IP Delete IIILE 🎝 TITLE □ Change OGELSBY, ROGER S NAME 3535 ROBERTS AVE #209 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32310 CITY-ST-ZIP TITLE ☐ Delete TITLE 00004602561D ☐ Addition NAME NAME 02/04/05-=01037--013 \*\*300.00 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 ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 attac

January 19, 2005

Ogelsby Custom Painting and Lawn Care, Inc. 927 Jessica Street
Tallahassee, FL 32305

Florida Department of State P O Box 6327 Tallahassee, FL 32314

RE: P03000133286

To Whom It May Concern:

I am requesting you to drop all late fees because I did not receive an Annual Report Notice because of a change of address.

Sincerely,

Robert Ogelsby, President