## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## FILED Mar 25, 2005 08:00 AM DOCUMENT # P03000134377 **Secretary of State** R. HILL PAINTING, INC. Principal Place of Business Mailing Address 9942 MOORINGS DRIVE 9942 MOORINGS DRIVE JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 CR2E034 (10/03) 03232005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3584419 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATRICK, MARK R DO NOT WRITE 4029 ATLANTIC BLVD JACKSONVILLE, FL 32207 IN THIS SPACE 1. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaking) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 U00000276402 Trust Fund Contribution. Added to Fees 03/25/05-80039-005 15n.oo OFFICERS AND DIRECTORS 10. O TITLE HILL, RON NAME STREET ADDRESS 9942 MOORINGS DRIVE CITY-ST-ZIP JACKSONVILLE, FL 32257 TITLE STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-51-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-51-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. \*\*Proof double 1: The statutes of the corporation of 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 the statutes of the corporation of 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 the statutes of the corporation of 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 the statutes of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. President