

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 14, 2005 8:00 am
Secretary of State**

03-14-2005 90079 032 ***150.00

DOCUMENT # P03000135777		
1. Entity Name MCWILLIAMS PAINTING SERVICE, INC.		

Principal Place of Business
20876 SW MARINE BLVD
DUNNELLON, FL 34431

Mailing Address

20876 SW MARINE BLVD
DUNNELLON, FL 34431

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
54-2133416

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RAMOS, YAZMIN
10510 SW 47 AVE
OCALA, FL 34476

Name

Street Address (P.O. Box Number is Not Acceptable)

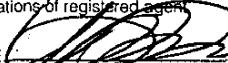
6730 SW 129th Ln

City: Ocala

FL

Zip Code
34473

B. 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: 

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: MCWILLIAM, GLENN
STREET ADDRESS: 20876 SW MARINE BLVD
CITY-ST-ZIP: DUNNELLON, FL 34431

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

Vice President
McWilliams, Tammy
20876 SW Marine Blvd
Dunnellon, FL 34431

Change Addition

TITLE: V
NAME: MCWILLIAM, JOHN
STREET ADDRESS: 20876 SW MARINE BLVD
CITY-ST-ZIP: DUNNELLON, FL 34431

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

Treasurer
Garley Jr. James Cearder
20876 SW Marine Blvd
Dunnellon, FL 34431

TITLE: T
NAME: WILLIAMS, FRANKLIN
STREET ADDRESS: 20876 SW MARINE BLVD
CITY-ST-ZIP: DUNNELLON, FL 34431

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-05 352-489-6979
Date Daytime Phone #