


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90293 043 ***158.75

DOCUMENT # P03000135927 1. Entity Name BRANDON SCHULTZ RAEDER PAINTING, INC.			
Principal Place of Business 11343 COLLINGSWOOD ST SPRING HILL, FL 34608 US		Mailing Address 11343 COLLINGSWOOD ST SPRING HILL, FL 34608 US	
2. Principal Place of Business 1671 Ashwood CR. Suite, Apt. #, etc.		3. Mailing Address 1671 Ashwood CR. Suite, Apt. #, etc.	
City & State Middleburg, FL		City & State Middleburg FL	
Zip 32068		Zip 32068	
Country USA		Country USA	
4. FEI Number 20-0421767		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHULTZ, BRANDON R 11343 COLLINGSWOOD ST SPRING HILL, FL 34608		7. Name and Address of New Registered Agent Name Schultz, Brandon R Street Address (P.O. Box Number is Not Acceptable) 1671 Ashwood Circle City Middleburg FL Zip Code 32068	
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><i>Brandon R Schultz</i></u> DATE <u>4/16/05</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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHULTZ, BRANDON R 11343 COLLINGSWOOD ST SPRING HILL, FL 34608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRANDON R. SCHULTZ 1671 Ashwood Circle Middleburg FL 32068 <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
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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><i>Brandon R Schultz</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-16-05</u> (904-264-1144) <small>Daytime Phone #</small>	