

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000137749

FILED
Aug 29, 2005
Secretary of State

Entity Name: HUSBAND AND WIFE PAINTING, INC.

Current Principal Place of Business:

POST OFFICE BOX 811
CHIEFLAND, FL 32644

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 811
CHIEFLAND, FL 32644

New Mailing Address:

FEI Number: 86-1091788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECK, PHILLIP K ESQ.
11151 NW 115TH STREET
CHIEFLAND, FL 32625 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORRIS, DEBRA C
Address: PO BOX 811
City-St-Zip: CHIEFLAND, FL 32644

Title: VD (X) Delete
Name: MORRIS, MONTGOMERY H
Address: PO BOX 811
City-St-Zip: CHIEFLAND, FL 32644

Title: SD (X) Delete
Name: CUNNINGHAM, STEVE
Address: 21 NE 7TH STREET
City-St-Zip: CHIEFLAND, FL 32626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA C. MORRIS

PD

08/29/2005

Electronic Signature of Signing Officer or Director

Date