


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-18-2005 90001 049 ***150.00

DOCUMENT # P03000137928 1. Entity Name CRAIG DZIKOWSKI PAINTING, INC.					
Principal Place of Business 985 SOUTHERN OAKS CT. FT. WALTON BEACH, FL 32547			Mailing Address 985 SOUTHERN OAKS CT. FT. WALTON BEACH, FL 32547		
2. Principal Place of Business 47 Cinderella Ln		3. Mailing Address SAME			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State FT. Walton Beach, FL		City & State 		4. FEI Number 20-0408860	
Zip 32547		Country OKaloon		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				08152005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent JIM WILDER & ASSOCIATES, LLC. 102 OAKHILL AVE. FORT WALTON BEACH, FL 32547			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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 DZIKOWSKI, CRAIG 985 SOUTHERN OAKS CT. FT. WALTON BEACH, FL 32547	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DZIKOWSKI, CRAIG A 985 SOUTHERN OAKS CT. FT. WALTON BEACH, FL 32547	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DZIKOWSKI, CRAIG A 985 SOUTHERN OAKS CT. FT. WALTON BEACH, FL 32547	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: X Craig Dzikowski <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8/18/05 850 598 5030 <small>Date Daytime Phone #</small>		

50062152



ATTACHMENT
#013000137928

50062152

Please excuse the ~~late~~
lateness of this report
The original request was
misplaced during a move.

Craig Batowski
