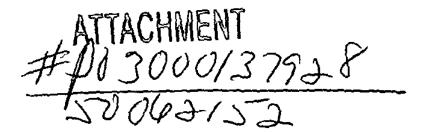
2005 FOR DROFIT CORROBATION

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

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	ANNUAL	REPORT	

08-18-2005 90001 049 ***150.00 DOCUMENT # P03000137928 CRAIG DZIKOWSKI PAINTING, INC. Principal Place of Business Mailing Address 985 SOUTHERN OAKS CT. 985 SOUTHERN OAKS CT. 50062152 FT. WALTON BEACH, FL 32547 FT. WALTON BEACH, FL 32547 2. Principal Place of Business 3. Mailing Address 47 Cindenella SAME Suite, Apt. #, etc. Suite, Apt. #, etc. 08152005 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-0408860 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ddress of Current Registered Agent 7. Name and Address of New Registered Agent Name JIM WILDER & ASSOCIATES, LLC. Street Address (P.O. Box Number is Not Acceptable) 102 OAKHILL AVE. FORT WALTON BEACH, FL 32547 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 7, 2005 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Ρ TITLE Defete TITI F Change ☐ Addition DZIKOWSKI, CRAIG NAME NAME 47 Cinderella, LN Ft. Walton Beach, FL 32547 STREET ADDRESS 985 SOUTHERN OAKS CT. STREET ADDRESS FT. WALTON BEACH, FL 32547 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Addition DZIKOWSKI, CRAIG A NAME NAME STREET ADDRESS 985 SOUTHERN OAKS CT. STREET ADDRESS CITY-ST-ZIP FT. WALTON BEACH, FL 32547 CITY-ST-ZIP TITLE Detete 1M F Change ☐ Addition DZIKOWSKI, CRAIG A NAME NAME STREET ADDRESS 985 SOUTHERN OAKS CT. STREET ADDRESS CITY-ST-ZIP FT. WALTON BEACH, FL 32547 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

OF SIGNING OFFICER OR DIRECTOR



Please excipe the tells later of this report. The original request was misplaced during a move. Criffsefewalli