


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000138829	
1. Entity Name R.J. SANCHEZ PAINTING, CORP.	

Principal Place of Business 2222 W. ROBLE DRIVE KISSIMMEE, FL 34746	Mailing Address 2222 W. ROBLE DRIVE KISSIMMEE, FL 34746
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DO NOT WRITE IN THIS SPACE



03312005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0425937	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SANCHEZ, RODOLFO 2222 W ROBLE DRIVE KISSIMMEE, FL 34743	DO NOT WRITE IN THIS SPACE
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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 *R. Sanchez* DATE 3-31-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	1000000285230 04/02/05-80036-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, RODOLFO 2222 W ROBLE DRIVE KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIVAS, JUAN A 2350 E. ROBLE DRIVE KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAITAN, JULIO L 3635 JOHNSON AVE. HAINES CITY, FL 34759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *R. Sanchez* 3-31-05 321-624-7431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #