

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000139025

Entity Name: SHOVEY PAINTING, INC.

FILED  
Aug 27, 2005  
Secretary of State

## Current Principal Place of Business:

6290 NW 66TH AVENUE  
OCALA, FL 34482

## New Principal Place of Business:

4663 SW 108TH PLACE  
OCALA, FL 34476

## Current Mailing Address:

6290 NW 66TH AVENUE  
OCALA, FL 34482

## New Mailing Address:

4663 SW 108TH PLACE  
OCALA, FL 34476

FEI Number: 03-0532811

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHOVEY, JIM  
6290 SW 66TH AVENUE  
OCALA, FL 34482 US

## Name and Address of New Registered Agent:

SHOVEY, JIM  
4663 SW 108TH PLACE  
OCALA, FL 34476 US

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: JIM SHOVEY

08/27/2005

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: PTSD ( ) Delete  
Name: SHOVEY, JIM  
Address: 6290 NW 66TH AVENUE  
City-St-Zip: OCALA, FL 34482

Title: VP ( ) Delete  
Name: SHOVEY, ANNA M  
Address: 6290 NW 66TH AVENUE  
City-St-Zip: OCALA, FL 34482

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition  
Name: SHOVEY, JIM  
Address: 4663 SW 108TH PLACE  
City-St-Zip: OCALA, FL 34476

Title: VP (X) Change ( ) Addition  
Name: SHOVEY, ANNA M  
Address: 4663 SW 108TH PLACE  
City-St-Zip: OCALA, FL 34476

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: JIME SHOVEY

P

08/27/2005

Electronic Signature of Signing Officer or Director

Date