

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90111 045 ***158.75

DOCUMENT # P03000140807

1. Entity Name
TOM SALYERS PAINTING, INC.



Principal Place of Business
**3716 NE 17TH STREET
OCALA, FL 34470**

Mailing Address
**3716 NE 17TH STREET
OCALA, FL 34470**

50026056



2. Principal Place of Business
1560 SE 8TH ST
Suite, Apt. #, etc.

3. Mailing Address
1560 SE 8TH ST
Suite, Apt. #, etc.

03032005 Chg-P CR2E034 (10/03)

City & State
OCALA, FL
Zip
34471

Country
USA

City & State
OCALA, FL
Zip
34471

Country
USA

4. FEI Number
76-0749573

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SALYERS, THOMAS
3716 NE 17TH STREET
OCALA, FL 34470**

7. Name and Address of New Registered Agent

Name **THOMAS SALYERS**

Street Address (P.O. Box Number is Not Acceptable)

1560 SE 8TH ST

City **OCALA** FL Zip Code **34471**

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

3-09-05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SALYERS, THOMAS**
STREET ADDRESS **3716 NE 17TH STREET**
CITY-ST-ZIP **OCALA, FL 34470**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1560 SE 8TH ST**
CITY-ST-ZIP **OCALA, FL 34471**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Thomas W. Salyers**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-05
Date

352-362-5035
Daytime Phone #