

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P03000144163</b> 1. Entity Name <b>A&amp;E PAINTING CONTRACTORS, INC.</b>			
Principal Place of Business <b>1846 LENAWEЕ LOOP, APT. 101 TRINITY, FL 34655</b>		Mailing Address <b>1846 LENAWEЕ LOOP, APT. 101 TRINITY, FL 34655</b>	
2. Principal Place of Business <b>8626 Fenholloway CT.</b> Suite, Apt. #, etc.		3. Mailing Address <b>8626 Fenholloway CT.</b> Suite, Apt. #, etc.	
City & State <b>Trinity, FL</b> Zip <b>34655</b> Country		City & State <b>Trinity, FL</b> Zip <b>34655</b> Country	
4. FEI Number <b>00-1294146</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BARRIGA, MARY E 1846 LENAWEЕ LOOP, APT. 101 TRINITY, FL 34655</b>		7. Name and Address of New Registered Agent Name <b>MARY E BARRIGA</b> Street Address (P.O. Box Number is Not Acceptable) <b>8626 Fenholloway CT.</b> City <b>Trinity</b> <b>FL</b> Zip Code <b>34655</b>	
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  DATE <b>9/9/05</b> <small>Signature, typed or printed name of registered agent, and title if applicable. (NO E. Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARRIGA, MARY E 1846 LENAWEЕ LOOP, APT. 101 TRINITY, FL 34655	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARRIGA, RAUL A 1846 LENAWEЕ LOOP, APT. 101 TRINITY, FL 34655	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:		Date <b>9/9/05</b>	

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SECRET  
DATE  
FILED



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