

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90027 047 \*\*\*150.00

DOCUMENT # P03000144182

1. Entity Name

A AND J QUALITY COATINGS AND PRESSURE  
WASHING, INC.



Principal Place of Business

2607 NW 49TH PL.  
GAINESVILLE FL 32605

Mailing Address

2607 NW 49TH PL.  
GAINESVILLE FL 32605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-1073158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TAVAKOULI, AMY P  
2607 NW 49TH PLACE  
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

Name

James Tavakouli

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

2607 NW 49th Pl.

City

Gainesville

FL

Zip Code

32605

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

James Tavakouli

Signature, typed or printed name of registered agent and title if applicable

James Tavakouli

(NOTE: Registered Agent signature required when reinstating)

3/14/05

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$350.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	TAVAKOULI, AMY PAIGE	
STREET ADDRESS	2607 N.W. 49TH PLACE	
CITY - ST - ZIP	GAINESVILLE FL 32605	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TAVAKOULI, KOURUSH	
STREET ADDRESS	2607 N.W. 49TH PLACE	
CITY - ST - ZIP	GAINESVILLE FL 32605	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CUNDIFF, SANDRA L	
STREET ADDRESS	AAA #36 CAMP SUMMIT ROAD	
CITY - ST - ZIP	EQUINUNK PA 18417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Tavakouli	
STREET ADDRESS	2607 NW 49th Pl.	
CITY - ST - ZIP	Gainesville, FL 32605	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Tavakouli	
STREET ADDRESS	2607 NW 49th Pl.	
CITY - ST - ZIP	Gainesville, FL 32605	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amy Tavakouli	
STREET ADDRESS	2607 NW 49th Pl.	
CITY - ST - ZIP	Gainesville, FL 32605	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: James Tavakouli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Tavakouli

Date

(352) 213-2613  
3/14/05

Daytime Phone #