

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000145810

1. Entity Name  
JOE DESIMONE CUSTOM PAINTING, INC.



Principal Place of Business

7308 LIMETREE COURT  
SEBRING, FL 33876-6112

Mailing Address

7308 LIMETREE COURT  
SEBRING, FL 33876-6112

**DO NOT WRITE IN THIS SPACE**

**FILED  
Feb 03, 2005 8:00 am  
Secretary of State**

02-03-2005 90031 014 \*\*\*158.75

11111111



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 54-2141123	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DESIMONE, JOE  
7308 LIMETREE COURT  
SEBRING, FL 33876-6112

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
DESIMONE, JOE  
7308 LIMETREE COURT  
SEBRING, FL 338766112

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*Joe Desimone*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

110105 863-655-1361  
Date Daytime Phone #

*Joe Desimone*