


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 27, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P03000147061</b> 1. Entity Name <b>CARL'S PAINTING, INC.</b>				
Principal Place of Business <b>905 DEEN ROAD BUNNELL, FL 32110 US</b>		Mailing Address <b>PO BOX 1495 BUNNELL, FL 32110 US</b>		
<b>DO NOT WRITE IN THIS SPACE</b>				
				04232005 No Chg-P CR2E034 (10/03)
		4. FEI Number <b>20-0460686</b>		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>WYCKOFF, CARL 905 DEEN ROAD BUNNELL, FL 32110</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>		
TITLE	P			
NAME	WYCKOFF, CARL			
STREET ADDRESS	905 DEEN ROAD			
CITY-ST-ZIP	BUNNELL, FL 32110			
TITLE	VP			
NAME	PATTERSON, ERNIE			
STREET ADDRESS	6704 HIBISCUS STREET			
CITY-ST-ZIP	BUNNELL, FL 32110			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
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NAME				
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CITY-ST-ZIP				
TITLE				
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: <i>Carl Wyckoff</i> <b>Carl Wyckoff</b>		Date <b>386/864-0201</b>		