


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

04-04-2005 90082 017 ***150.00

DOCUMENT # P03000148921

1. Entity Name
ALBERT GARDINIER'S PAINTING INC



Principal Place of Business
 6141 FREEPORT DRIVE
 SPRING HILL, FL 34606


Mailing Address
 6141 FREEPORT DRIVE
 SPRING HILL, FL 34606
 254 Pryor St
 Brooksville FL 34601

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



01272005 Chg-P CR2E034 (10/03)

4. FEI Number
 270073044

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 FREKEY, EDWARD H
 6195 FREEPORT DRIVE
 SPRING HILL, FL 34608

7. Name and Address of New Registered Agent
 Name Albert Gardinier
 Street Address (P.O. Box Number is Not Acceptable)
254 Pryor St
6141 Freeport Dr.
 City Spring Hill Brooksville FL Zip Code 34606 34601

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 Albert Gardinier (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	P	<input type="checkbox"/> Delete
NAME	GARDINIER, ALBERT J	
STREET ADDRESS	6141 FREEPORT DRIVE	
CITY-ST-ZIP	SPRING HILL, FL 34606	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TURNER, JOHN	
STREET ADDRESS	10339 TILLERY ROAD	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	SECY	<input checked="" type="checkbox"/> Delete
NAME	FISCUS, MICHAEL	
STREET ADDRESS	3221 DARLINGTON ROAD	
CITY-ST-ZIP	HOLIDAY, FL 34691	
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		<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		
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: Albert Gardinier Date 4/1/05 Daytime Phone #