2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000150643

Entity Name: BROTHER'S PAINTING OF LEE COUNTY, INC.

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2215 SW 50TH LANE 2708 NW 22ND ST

CAPE CORAL, FL 33914 CAPE CORAL, FL 33993

Current Mailing Address: New Mailing Address:

2215 SW 50TH LANE 2708 NW 22ND ST

CAPE CORAL, FL 33914 CAPE CORAL, FL 33993

FEI Number: 11-3734268 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HINES, REBECCA G MRS
2215 SW 50TH LANE
HINES, REBECCA G MRS
2708 NW 22ND ST

CAPE CORAL, FL 33914 US CAPE CORAL, FL 33993 US

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.

SIGNATURE: REBECCA HINES 04/27/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 HINES, JACK L
 Name:
 HINES, JACK L

 Address:
 2215 SW 50TH LANE
 Address:
 2708 NW 22ND ST

 City-St-Zip:
 CAPE CORAL, FL 33914
 City-St-Zip:
 CAPE CORAL, FL 33993

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

 Name:
 HINES, REBECCA G
 Name:
 HINES, REBECCA G

 Address:
 2215 SW 50TH LANE
 Address:
 2708 NW 22ND ST

 City-St-Zip:
 CAPE CORAL, FL 33914
 City-St-Zip:
 CAPE CORAL, FL 33993

Title: S () Delete Title: S (X) Change () Addition

 Name:
 HINES, MARK E
 Name:
 HINES, MARK E

 Address:
 2215 SW 50TH LANE
 Address:
 2708 NW 22ND ST

 City-St-Zip:
 CAPE CORAL, FL 33914
 City-St-Zip:
 CAPE CORAL, FL 33993

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REBECCA HINES VP 04/27/2005