


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90020 027 ***150.00

DOCUMENT # P03000153240		
1. Entity Name MASLO PAINTING, INC.		

Principal Place of Business 2654 ASHLAND LINE NORTH PORT, FL 34286	Mailing Address 2654 ASHLAND LINE NORTH PORT, FL 34286
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50000674



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01042005 Chg-P CR2E034 (10/03)

4. FEI Number 37-1480925	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MASLO, ILLARION 2654 ASHLAND LINE NORTH PORT, FL 34286		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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: Illarion Maslo DATE: 1/4/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASLO, ILLARION 2654 ASHLAND LINE NORTH PORT, FL 34286 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Illarion Maslo DATE: 1/4/05 (941)-234-5038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR