


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90136 045 ***150.00

DOCUMENT # P03000153345	
1. Entity Name T'S PAINTING AND PAPERING INC.	

Principal Place of Business 2725 50TH AVE W APT #103 BRADENTON FL 34207	Mailing Address 2725 50TH AVE W APT #103 BRADENTON FL 34207
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2. Principal Place of Business 2725 50th Ave W Suite, Apt. #, etc. 103	3. Mailing Address Same Suite, Apt. #, etc. same
City & State Bradenton FL	City & State Same
Zip 34207	Country USA

1st MOORE CR2E034 (10/04)

4. FEI Number 56-2422223	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BOYER, TRAVIS 2725 50TH AVE W APT #103 BRADENTON FL 34207	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Travis Boyer* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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	P BOYER, TRAVIS 2725 50TH AVE W APT #103 BRADENTON FL 34207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #