

2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-08-2005 90022 042 ***158.75
P03000153657

DOCUMENT # P03000153657 1. Entity Name PAINTER GUY'S, INC.		 <div style="text-align: right;"> FILED 05 JUL 20 PM 12:57 SECRET 50055228 </div>																																																																					
Principal Place of Business 5567 SEA FOREST DR, #326 NEW PT RICHEY, FL 34652		Mailing Address 5567 SEA FOREST DR, #326 NEW PT RICHEY, FL 34652																																																																					
2. Principal Place of Business 7102 GRAND BLVD		3. Mailing Address 7102 GRAND BLVD																																																																					
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____																																																																					
City & State NEW PORT RICHEY		City & State NEW PORT RICHEY																																																																					
Zip 34652		Zip 34652																																																																					
Country FL		Country FL																																																																					
4. FEI Number 13-4271065		Applied For <input type="checkbox"/> Not Applicable																																																																					
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																																																																					
6. Name and Address of Current Registered Agent OMER, GUY RICHARD 5567 SEA FOREST DR, #326 NEW PT RICHEY, FL 34652		7. Name and Address of New Registered Agent Name OMER, GUY RICHARD Street Address (P.O. Box Number Is Not Acceptable) 7102 GRAND BLVD City NEW PORT RICHEY FL Zip Code 34652																																																																					
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 resigning.)</small>																																																																							
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.																																																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE D</td> <td style="width: 70%;"> <input type="checkbox"/> Delete OMER, GUY RICHARD 5567 SEA FOREST DR, #326 NEW PT RICHEY, FL 34652 </td> </tr> <tr><td>TITLE</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>		TITLE D	<input type="checkbox"/> Delete OMER, GUY RICHARD 5567 SEA FOREST DR, #326 NEW PT RICHEY, FL 34652	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		TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE D</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OMER, GUY RICHARD 7102 GRAND BLVD NEW PORT RICHEY, FL 34652 </td> </tr> <tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> <tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>		TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OMER, GUY RICHARD 7102 GRAND BLVD NEW PORT RICHEY, FL 34652	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	
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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: GUY R. OMER <i>Guy R Omer</i> 5 June 05 8138737104 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																							