2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 15, 2005
Secretary of State

DOCUMENT# P03000156410

Entity Name: BEALS PAINT AND HOME REPAIRS, INC.

Current Principal Place of Business:

5504 ROYCE AVENUE
JACKSONVILLE, FL 32205

New Principal Place of Business:

1482 JONES ROAD
JACKSONVILLE, FL 32220

Current Mailing Address:

5504 ROYCE AVENUE
JACKSONVILLE, FL 32205

New Mailing Address:

1482 JONES ROAD
JACKSONVILLE, FL 32220

FEI Number: 61-1463951 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEAL, AMY S
5504 ROYCE AVENUE
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

BEAL, AMY S
1482 JONES ROAD
JACKSONVILLE, FL 32220 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: AMY S BEAL 10/15/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BEAL, WILLIAM J
Address: 5504 ROYCE AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP (X) Delete
Name: HAKES, CRAIG W
Address: 8210 HAKES LANE
City-St-Zip: JACKSONVILLE, FL 32205

Title: S ( ) Delete
Name: BEAL, AMY S
Address: 5504 ROYCE AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BEAL, WILLIAM J
Address: 1482 JONES ROAD
City-St-Zip: JACKSONVILLE, FL 32220

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: BEAL, AMY S
Address: 1482 JONES ROAD
City-St-Zip: JACKSONVILLE, FL 32220

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: AMY S BEAL S 10/15/2005
Electronic Signature of Signing Officer or Director Date