

2005 FOR PROFIT CORPORATION ANNUAL REPORT

47.

FILED
May 19, 2005 8:00 am
Secretary of State

04-21-2005 90247 011 ***150.00

DOCUMENT # P03000156657			
1. Entity Name HERNANDO'S PAINTING, INC.			
Principal Place of Business 9675 OLD BAYMEADOWS ROAD APT. 57 JACKSONVILLE, FL 32256		Mailing Address 9675 OLD BAYMEADOWS ROAD APT. 57 JACKSONVILLE, FL 32256	
2. Principal Place of Business 943 CHURCHILL LANE		3. Mailing Address 943 CHURCHILL LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ST AUGUSTINE, FL		City & State ST AUGUSTINE, FL	
Zip 32092	Country	Zip 32092	Country
4. FEI Number 270075539		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PATINO, HERNANDO 9675 OLD BAYMEADOWS ROAD APT. 57 JACKSONVILLE, FL 32256 943 CHURCHILL LANE ST AUGUSTINE, FL 32092		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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.60 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATINO, HERNANDO 9675 OLD BAYMEADOWS ROAD APT. 57 JACKSONVILLE, FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 943 CHURCHILL LANE ST AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST PATINO, HERNANDO 9675 OLD BAYMEADOWS ROAD APT. 57 JACKSONVILLE, FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 943 CHURCHILL LANE ST AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		Date _____ Daytime Phone # _____	

-- 66017944



04192005 Chg-P CR2E034 (10/03)