

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P04000001715

1. Entity Name

ARCHIE GARRETT PAINTING, INC.



Principal Place of Business

954 BRETT CIRCLE
INDIAN HARBOUR BEACH FL 32937

Mailing Address

954 BRETT CIRCLE
INDIAN HARBOUR BEACH FL 32937



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

27-0092681

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARRETT, ARTHUR W
954 BRETT CIRCLE
INDIAN HARBOUR BEACH FL 32937

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

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GARRETT, ARTHUR W
STREET ADDRESS 954 BRETT CIRCLE
CITY- ST- ZIP INDIAN HARBOUR BEACH FL 32937

TITLE VD ☐ Delete
NAME GARRETT, JOAN
STREET ADDRESS 954 BRETT CIRCLE
CITY- ST- ZIP INDIAN HARBOUR BEACH FL 32937

TITLE SD ☐ Delete
NAME NEWBERN, RUTH
STREET ADDRESS 122 CENTRAL ROAD, APT 208
CITY- ST- ZIP INDIAN HARBOUR BEACH FL 32937

TITLE TD ☐ Delete
NAME KOSKI, JULIAN
STREET ADDRESS 315 FIRST AVE.
CITY- ST- ZIP MELBOURNE BEACH FL 32951

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
000000308057
04/15/05-80078-025 150.00

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

Arthur W. Garrett

Arthur W. Garrett 4/11/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #