## 2005 FOR PROFIT CORPORATION

## May 27, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P04000001871** 05-27-2005 90024 008 \*\*\*150.00 1. Entity Name SOUTHERN TOUCH PAINTING INC Principal Place of Business Mailing Address **第一人** 3690 BEACON HILL DRIVE 3690 BEACON HILL DRIVE 106 106 PORT ORANGE, FL 32129 PORT ORANGE, FL 32129 2. Principal Pjace of Business 36 Woodbridge Wood bridge 05112005 CR2E034 (10/03) City & State 4. FEI Number Applied For **NOT APPLICABLE** autona Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6/4519 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THOMAS, WESLEY D Address (P.O. Box Number is Not Acceptable) 3690 BEACON HILL DRIVE 106 PORT ORANGE, FL 32129 City Dayton 4 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agen-Komus SIGNATURE of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ■ Addition THEMAS, WESLEY D. 136 Woodbridge (V Dayton & Bed FL 32119 THOMAS, WESLEY D NAME NAME STREET ADDRESS 3690 BEACON HILL DRIVE 106 STREET ADDRESS CITY-ST-ZIF PORT ORANGE, FL 32129 CITY-ST-7IP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 trystee employered 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 a all other like empowered. SIGNATURE:

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED