


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2005 8:00 am
Secretary of State

08-10-2005 90016 003 ***150.00

DOCUMENT # P04000003752	
1. Entity Name MICHAEL CROSS PAINTING, INC.	

Principal Place of Business 168 MILLPORT STREET PORT CHARLOTTE, FL 33948	Mailing Address 168 MILLPORT STREET PORT CHARLOTTE, FL 33948
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30060848



2. Principal Place of Business 2331 Lakeview Blvd	3. Mailing Address 2331 Lakeview Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05022005 Chg-P CR2E034 (10/03)

City & State Port Charlotte FL	City & State Port Charlotte FL
Zip 33948	Country Charlotte
Zip 33948	Country Charlotte

4. FEI Number 02-0609901	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MICHAEL CROSS 168 MILLPORT STREET PORT CHARLOTTE, FL 33948	
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 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. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSS, MICHAEL W	NAME	
STREET ADDRESS	168 MILLPORT STREET 2331 Lakeview Blvd	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSS, PATRICIA	NAME	
STREET ADDRESS	168 MILLPORT STREET 2331 Lakeview Blvd	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSS, SHAWN	NAME	
STREET ADDRESS	168 MILLPORT STREET 2331 Lakeview Blvd	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Michael Cross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Aug 3 2005 941 5859513
Daytime Phone #