

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90025 039 \*\*\*158.75

<b>DOCUMENT # P04000004778</b> 1. Entity Name <b>BRETT CRIPPEN PAINTING INC</b>					
Principal Place of Business <b>1401 HOLLAND STREET MELBOURNE, FL 32935</b>		Mailing Address <b>1401 HOLLAND STREET MELBOURNE, FL 32935</b>			
2. Principal Place of Business <b>2270 Plantation Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>2270 Plantation Dr</b> Suite, Apt. #, etc.			
City & State <b>Melbourne FL</b> Zip <b>32935</b>		City & State <b>Melbourne FL</b> Zip <b>32935</b>		4. FEI Number <b>20-0578753</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CRIPPEN, BRETT P 1401 HOLLAND STREET MELBOURNE, FL 32935</b>			7. Name and Address of New Registered Agent Name <b>Crippen Brett P</b> Street Address (P.O. Box Number is Not Acceptable) <b>2270 Plantation Dr</b> City <b>Melbourne</b> <b>FL</b> Zip Code <b>32935</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PS CRIPPEN, BRETT P 1401 HOLLAND STREET MELBOURNE, FL 32935 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS Crippen, Brett P 2270 Plantation Dr. Melbourne, FL 32935 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Crippen Misty S 2270 Plantation Dr. Melbourne, FL 32935 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Brett P Crippen President</u> <u>1/20/05</u> <u>321-698-7295</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					