

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/1/2005-90023-037-\$508.75-\$508.75

FILED

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SECRET
TALLAHASSEE, FLORIDA



2nd MOORE CR2E034 (5/05)

DOCUMENT # P04000005821					
1. Entity Name PAINTER'S PARLOR INC.					
Principal Place of Business 40 FULLERWOOD DR ST AUGUSTINE FL 32084			Mailing Address 40 FULLERWOOD DR ST AUGUSTINE FL 32084		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 71-0958818	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GREENLAW, LARRY H 40 FULLERWOOD DR ST AUGUSTINE FL 32084				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 DATE					
- FILE NOW!!! FEE IS \$558.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State					
S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	P	NAME	GREENLAW, LARRY H	<input type="checkbox"/> Delete	
STREET ADDRESS		NAME	40 FULLERWOOD DR		
CITY-ST-ZIP		NAME	ST AUGUSTINE FL 32084		
TITLE	ST	NAME	RENN/GREENLAW, SHARON	<input type="checkbox"/> Delete	
STREET ADDRESS		NAME	40 FULLERWOOD DR		
CITY-ST-ZIP		NAME	ST AUGUSTINE FL 32084		
TITLE		NAME		<input type="checkbox"/> Delete	
STREET ADDRESS		NAME			
CITY-ST-ZIP		NAME			
TITLE		NAME		<input type="checkbox"/> Delete	
STREET ADDRESS		NAME			
CITY-ST-ZIP		NAME			
TITLE		NAME		<input type="checkbox"/> Delete	
STREET ADDRESS		NAME			
CITY-ST-ZIP		NAME			
TITLE		NAME		<input type="checkbox"/> Delete	
STREET ADDRESS		NAME			
CITY-ST-ZIP		NAME			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
400060126254 10/03/05--01003--015 **50.00					
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: Larry H. Greenlaw President					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					