

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90136 035 ***150.00

DOCUMENT # P04000005843

1. Entity Name
CITY PAINTING, INC.



Principal Place of Business
**5420 BAY BROOK AVE
ORLANDO, FL 32819**

Mailing Address
**5420 BAY BROOK AVE
ORLANDO, FL 32819**

50046739



2. Principal Place of Business

3. Mailing Address

9909 MONTCLAIR CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292005

Chg-P

CR2E034 (10/03)

City & State

APOPKA FL

City & State

APOPKA FL

4. FEI Number

76-0752675

Applied For

Not Applicable

Zip

32730

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRYCE, ROBERT W
5420 BAY BROOK AVE
ORLANDO, FL 32819**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9909 MONTCLAIR CIRCLE

City

APOPKA

FL

Zip Code

32703

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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BRYCE, ROBERT W**
STREET ADDRESS **5420 BAY BROOK AVE**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE **P** ☒ Change ☐ Addition
NAME **BRYCE, ROBERT**
STREET ADDRESS **9909 MONTCLAIR CIRCLE**
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE **V** ☐ Delete
NAME **BRYCE, LINDA M**
STREET ADDRESS **5420 BAY BROOK AVE**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE **V** ☒ Change ☐ Addition
NAME **BRYCE, LINDA M**
STREET ADDRESS **9909 MONTCLAIR CIRCLE**
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05

407-924-4455

Date

Daytime Phone #