# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 23, 2005 8:00 am**
**Secretary of State**
03-23-2005 90235 001 ****50.00
03-23-2005 90235 002 ****50.00
03-23-2005 90235 003 ****50.00

DOCUMENT # P04000008354

1. Entity Name
LONGMIRE PAINTING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 790 LEXINGTON AVE<br>ENTERPRISES, FL 32725 | 790 LEXINGTON AVE<br>ENTERPRISES, FL 32725 |

02112005 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 31910 Evergreen Dr.<br>Suite, Apt. #, etc. | 31910 Evergreen Dr<br>Suite, Apt. #, etc. |
| City & State: Deland Fl 32720 | City & State: Deland Fl |
| Zip: 32720 Country: U.S.A. | Zip: 32720 Country: U.S.A. |

4. FEI Number: 20-0520616 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| LONGMIRE, THOMAS M<br>790 LEXINGTON AVE<br>ENTERPRISES, FL 32725 | Name: Thomas M. Longmire<br>Street Address (P.O. Box Number is Not Acceptable): 31910 Evergreen Dr.<br>City: Deland FL Zip Code: 32720 |

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LONGMIRE, THOMAS M<br>790 LEXINGTON AVE<br>ENTERPRISES, FL 32725 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Thomas M Longmire<br>31910 Evergreen Dr<br>Deland Fl 32720 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LONGMIRE, MICHAEL<br>790 LEXINGTON AVE<br>ENTERPRISES, FL 32725 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Michael Longmire<br>2030 Roseway Ave<br>DeLtona Fl 32738 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LONGMIRE, PAUL G<br>790 LEXINGTON AVE<br>ENTERPRISES, FL 32725 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Paul W Longmire<br>31910 Evergreen Dr<br>Deland Fl 32720 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** Thomas M. Longmire 3-15-05 352-669-8701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #