

2005 FOR PROFIT CORPORATION ANNUAL REPORT

09-09-2005 90031 040 ***158.75
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DOCUMENT # P04000009901 1. Entry Name: OSWALD PAINTING, INC.					
Principal Place of Business: 5747 LAGORCE CIRCLE LAKE WORTH, FL 33463			Mailing Address: 5747 LAGORCE CIRCLE LAKE WORTH, FL 33463		
2. Principal Place of Business:		2. Mailing Address:			
State, Apt. # etc.:		State, Apt. # etc.:			
City & State:		City & State:		4. Fbi Number: 20-0602918	
Zip:		Country:		5. Confirmation of Status Update <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			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 entry 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: _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Elect to use Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS CITY/STATE/ZIP	PSTD <input type="checkbox"/> Other <input type="checkbox"/>	NAME STREET ADDRESS CITY/STATE/ZIP	FILE NAME STREET ADDRESS CITY/STATE/ZIP	FILE NAME STREET ADDRESS CITY/STATE/ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>
NAME STREET ADDRESS CITY/STATE/ZIP	PSTD <input type="checkbox"/> Other <input type="checkbox"/>	NAME STREET ADDRESS CITY/STATE/ZIP	FILE NAME STREET ADDRESS CITY/STATE/ZIP	FILE NAME STREET ADDRESS CITY/STATE/ZIP	Change <input type="checkbox"/> Add <input type="checkbox"/>
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12. I hereby certify that the information supplied with this filing and is not liable for the exemption stated in Section 119.07(3)(b), 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 secretary of this corporation established to receive. This report is required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed or an addition, with the address and other information.					
SIGNATURE: _____		9-6-05 (561) 967-7160			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					