## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # P0400015843  1. Entity Name A&G PAINTING SERVICES, INC.					05-02-2005 90978 019 ***158.75				
Principal Place of Business Mailing Address					<b></b>	. ,			
1221 WELCH RIDGE TR. APOPKA, FL 32712 US		1221 WELCH RIDGE TR. Apopka, Fl 32712 US		1 10 0 11 0 0 11 11		19111 liuri Rill		NO 11 19 19 19 19 19 19 19 19 19 19 19 19	
2. Principal Pla	ace of Business	3. Mailing Address							
		Suite Act # cts				E	BB(8) ((88) 4())	#F 1   ###   #####	881 JI 1881
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04292005	Chg-P	CR2E03	34 (10/03)		
City & State		City & State			4. FEI Number 20-0	651840		\	olied For Applicable
Zip	Country	Zip	Count		-	of Status Desired		8.75 Addi	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Re			-
O, Halle and Address of Outron Hogastica Agent				Name			<u>.                                    </u>		
GONZALEZ, ALEJANDRO 🖟 1221 WELCH RIDGE TR			Street Address (P.O. Box Number is Not Acceptable)						
APOPKA, I									
			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 lamiliar with, and accept									and accept
the obligations of registered agents.									
SIGNATURE									
Signature, typed or printed named registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE									
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campa Trust Fund Cont	-	• –	\$5.00 May Be Added to Fees		_		
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	ICERS AND		
TITLE			TITL	<b>I</b>				☐ Change	☐ Addition
NAME STREET ADDRESS	· ·		NAM Stri	EET ADDRESS					
CITY-ST-ZIP	APOPKA, FL 32712			r-ST-ZIP					
TITLE		☐ Delete	TITL	.E				☐ Change	Addition
NAME			NAN	1	•				
STREET ADDRESS CITY-ST-ZIP				eet address Y-St-Zip					
TITLE		☐ Delete	- <b>I</b> -	.E ~   -				☐ Change	☐ Addition
NAME		L Detele	NAM	t t					
STREET ADDRESS			STR	EET ADDRESS					
CITY-ST-ZIP			CIT	Y-ST-ZIP					
TITLE		Delete	TITE	i				□ Change	Addition
NAME STREET ADDRESS			NAM STR	ve Ieet address					
CITY-ST-ZIP			•	Y-ST-ZIP					
TITLE		☐ Delete	TIT	LE			***	☐ Change	Addition
NAME			NA						
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP		<b>-</b> .		Y-ST-ZIP					
TITLE NAME		☐ Delete	, TIT NA					☐ Change	☐ Addition
STREET ADDRESS	1		1	REET ADORESS					
CITY-ST-ZIP	ļ.			Y-ST-ZIP					
12. I hereby	certify that the information supplied w	ith this filing does not qualify to	or the ex	emption stated	in Section 119.07(3)	(i), Florida Statutes.	1 further cer	rtify that the i	nformation

12. Hereby certify that the information supplied with this filling 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 suppliemental 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: A SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAPPI OF FICER OR DIRECTOR

9-29-200 \$ (407) 346-33 80