

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2005 8:00 am
Secretary of State

08-24-2005 90056 007 ***158.75

DOCUMENT # P04000020853 1. Entity Name W A OLIVER CUSTOM PAINTING, INC.			
Principal Place of Business 1 US HWY 19 OLD TOWN, FL 32680		Mailing Address P. O. BOX 1783 OLD TOWN, FL 32680	
2. Principal Place of Business 12030 NW 90th Ave		3. Mailing Address 12030 NW 90th Ave	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Chiefland, FL		City & State Chiefland, FL	
Zip 32626		Zip 32626	
Country 		Country 	
4. FEI Number 260669537		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent W A, OLIVER 1 US HWY 19 OLD TOWN, FL 32680		7. Name and Address of New Registered Agent Name W.A. OLIVER CUSTOM PAINTING INC. Street Address (P.O. Box Number is Not Acceptable) 12030 N.W. 90 AV. City CHIEFLAND FL Zip Code 32626	
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 <u>William A. Oliver</u> DATE <u>8/22/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P W A, OLIVER P.O. BOX 1783 OLD TOWN, FL 32680 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRIEVES, SHAWN P.O. BOX 2234 CHIEFLAND, FL 32604 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OFFICER TO BE DELETED, WITH NO ADDITIONAL OFFICE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>William A. Oliver</u> W.A. OLIVER		DATE: <u>8/22/05</u> 944-0637 <small>Daytime Phone #</small>	