## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000021475

City-St-Zip:

PORT CHARLOTTE, FL 33954

Entity Name: PLATINUM PAINTING SERVICES, INC.

FILED Feb 10, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:		
Current Principal Place of Business.	New Principal Place of Business.		
23267 SAFARI AVE PORT CHARLOTTE, FL 33954	23284 SAFARI AVE PORT CHARLOTTE, FL 33954		
Current Mailing Address:	New Mailing Address:		
23267 SAFARI AVE PORT CHARLOTTE, FL 33954	23284 SAFARI AVE PORT CHARLOTTE, FL 33954		
FEI Number: 90-0142521 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status I	Desired ( )	
Name and Address of Current Registered Agent:	Name and Address of New Registered Ago	Name and Address of New Registered Agent:	
DEWEES, LEDYARD H 270 NW 3RD COURT BOCA RATON, FL 334323720 US			
The above named entity submits this statement for the purpin the State of Florida.	oose of changing its registered office or registered a	gent, or both,	
SIGNATURE:			
Electronic Signature of Registered Agent	Date		
Election Campaign Financing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS:	

Title: **FVPD** ( ) Delete Title: (X) Change ( ) Addition PARKS, LYNDELL NELCH, ROBERT SHEM Name: Name: 295 FERRIS DR., NW Address: 23284 SAFARI AVE Address: City-St-Zip: PORT CHARLOTTE, FL 33952 City-St-Zip: PORT CHARLOTTE, FL 33954 Title: (X) Delete Title: () Change () Addition PARKS, LYLE Name: Name: Address: 23267 SAFARI AVE. Address: PORT CHARLOTTE, FL 33954 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition Name: NELCH, ROBERT SHEM Name: Address: 23267 SAFARI AVE Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ROBERT SHEM NELCH PSD 02/10/2005