


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90250 016 ***158.75

DOCUMENT # P04000024505	
1. Entity Name RUBEN'S CUSTOM PAINTING, INC.	

Principal Place of Business 1516 ALABAMA AVE. ST. CLOUD, FL 34769	Mailing Address 1516 ALABAMA AVE. ST. CLOUD, FL 34769
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2. Principal Place of Business 1524 Alabama Ave.	3. Mailing Address 1524 Alabama Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Kissimmee, FL	City & State Kissimmee, FL 34741
Zip 34769	Zip 34769
Country USA	Country USA



4. FEI Number 74-3095992		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 MCCLOUD, SUSAN 1516 ALABAMA AVE. ST. CLOUD, FL 34769		
7. Name and Address of New Registered Agent Name Susan McCloud Street Address (P.O. Box Number is Not Acceptable) 1524 Alabama Ave. City Kissimmee FL Zip Code 34769		

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 **Susan McCloud - Secretary, Treasurer** DATE **4-22-05**

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HERNANDEZ, JOSE RUBEN		NAME Hernandez, Jose Ruben	
STREET ADDRESS 1516 ALABAMA AVE.		STREET ADDRESS 1524 Alabama Ave.	
CITY-ST-ZIP ST. CLOUD, FL 34769		CITY-ST-ZIP St. Cloud, FL 34769	
TITLE ST	<input type="checkbox"/> Delete	TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCLOUD, SUSAN		NAME Susan McCloud	
STREET ADDRESS 1516 ALABAMA AVE.		STREET ADDRESS 1524 Alabama Ave.	
CITY-ST-ZIP ST. CLOUD, FL 34769		CITY-ST-ZIP St. Cloud, FL 34769	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HEFLER, JERALD		NAME	
STREET ADDRESS 722 BRASSIE LANE		STREET ADDRESS	
CITY-ST-ZIP KISSIMMEE, FL 34759		CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LACHNEY, MARIA		NAME	
STREET ADDRESS 7236 CONWAY CIRCLE		STREET ADDRESS	
CITY-ST-ZIP ORLANDO, FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **Jose R Hernandez** DATE **4-22-05** DAYTIME PHONE # **321-624-0913**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR