

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000024505

1. Entity Name  
RUBEN'S CUSTOM PAINTING, INC.



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

04-25-2005 90250 016 \*\*\*158.75

Principal Place of Business  
1516 ALABAMA AVE.  
ST. CLOUD, FL 34769

Mailing Address  
1516 ALABAMA AVE.  
ST. CLOUD, FL 34769

2. Principal Place of Business  
*1524 Alabama Ave.*  
Suite, Apt. #, etc.

3. Mailing Address  
*1524 Alabama Ave.*  
Suite, Apt. #, etc.

City & State  
Kissimmee, FL  
Zip 34769

City & State  
*Kissimmee, FL 34741*  
Zip 34769

Country USA

Country USA

4. FEI Number  
*74-3095992*

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCLOUD, 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.~~

*1524 Alabama Ave. 34769*

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*

4-22-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution:  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  Delete  
NAME HERNANDEZ, JOSE RUBEN  
STREET ADDRESS 1516 ALABAMA AVE.  
CITY-ST-ZIP ST. CLOUD, FL 34769

TITLE P  Change  Addition  
NAME Hernandez, Jose Ruben  
STREET ADDRESS 1524 Alabama Ave.  
CITY-ST-ZIP St. Cloud, FL 34769

TITLE ST  Delete  
NAME MCLOUD, SUSAN  
STREET ADDRESS 1516 ALABAMA AVE.  
CITY-ST-ZIP ST. CLOUD, FL 34769

TITLE ST  Change  Addition  
NAME Susan McCloud  
STREET ADDRESS 1524 Alabama Ave.  
CITY-ST-ZIP St. Cloud, FL 34769

TITLE D  Delete  
NAME HEFLER, JERALD  
STREET ADDRESS 722 BRASSIE LANE  
CITY-ST-ZIP KISSIMMEE, FL 34759

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME LACHNEY, MARIA  
STREET ADDRESS 7236 CONWAY CIRCLE  
CITY-ST-ZIP ORLANDO, FL

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-05 321-624-0913

Daytime Phone #