

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90114 020 ***150.00

DOCUMENT # P04000029071

1. Entity Name

SESA PAINTING, INC.



Principal Place of Business

825 HAWKLANDING
FRUITLAND PARK FL 34731

Mailing Address

POST OFFICE BOX 493221
LEESBURG FL 34749

2. Principal Place of Business

1313 Otter Court

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FRUITLAND PARK FLA

City & State

Zip

34731

Country

Zip

Country

4. FEI Number

20 0773002

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOKES, SAMUEL E JR.
825 HAWKLANDING
FRUITLAND PARK FL 34731

7. Name and Address of New Registered Agent

Name Samuel E Stokes JR

Street Address (P.O. Box Number is Not Acceptable)

1313 Otter Court

City FRUITLAND PARK

FL

Zip Code

34731

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

Samuel E Stokes Jr.

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

Samuel E Stokes Jr.

(NOTE: Registered Agent signature required when reinstating)

2 APRIL 05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME STOKES, SAMUEL E JR.
STREET ADDRESS 825 HAWKLANDING
CITY-ST-ZIP FRUITLAND PARK FL 34731

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME STOKES, SAMUEL E JR.
STREET ADDRESS 1313 Otter Court
CITY-ST-ZIP FRUITLAND PARK FLA 34731

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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:

SAMUEL E STOKES JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352 626 8908