

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000031238

FILED
Sep 07, 2005
Secretary of State

Entity Name: CUSTOM RESIDENTIAL PAINTING, INC.

Current Principal Place of Business:

19355 SW 310 STREET
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

19355 SW 310 STREET
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 84-1640842 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCGILVARY, MICHAEL W
19355 SW 310 STREET
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: MCGILVARY, MICHAEL L
Address: 19355 SW 310 STREET
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: MCGILVARY, MICHAEL W
Address: 19355 SW 310 STREET
City-St-Zip: HOMESTEAD, FL 33030

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.

SIGNATURE: MICHAEL W. MCGILVARY

PTSD

09/07/2005

Electronic Signature of Signing Officer or Director

_____ Date