2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED May 13, 2005 8:00 am Secretary of State

MENT # P040000322			04-13-2005 90039 016 ***150.00	
RATVOLD'S PAINTING, INC).		岁 ————————————————————————————————————	
e of Business	Mailing Address			
R DR.	1050 SOLAR DR.		00010303	
L 34051	FIGURE 1 & GROOT			
Place of Business	3. Mailing Address			,
#. etc.	Suite, Apt. #, etc.		1st MOORE : CR2E034 (10/04)	
9	City & State		4. FEI Number 55 - 0857735 Applied Fo	
Country	Ziρ	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
6. Name and Address of Current	Registered Agent	Nama	7. Name and Address of New Registered Agent	
TVOLD_BBINCE	·- •-	Negres		
0 SOLAR DR. JIDAY FL 34691		Street Addres	ss (P.O. Box Number is Not Acceptable)	
		<u></u>		
		City	FL Zip Code	_
	or the purpose of changing its re	gistered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and according	cept
1002 ਹੈ। (ਕਰਿਨਾਸ਼ਕਰ ਰਮੈਕਾਜ				
Signeture; typed or printed neme of registered agent				
	and title if applicable (NOTE: R	legislated Agent signature requ	(uired when reinstating) DATE	
ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Ba \$550.00 (Payable to Florida Department o		legislated Agent signatura requ	9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fee	
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	RATVOLD'S PAINTING, INC a of Business R DR. L 34691 Place of Business #, etc. Country 6. Name and Address of Current TVOLD, BRUCE 0 SOLAR DR. LIDAY FL 34691	RATVOLD'S PAINTING, INC. The of Business Mailing Address R DR. 1050 SOLAR DR. HOLIDAY FL 34691 Tace of Business 3. Mailing Address The country Suite, Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent ATVOLD, BRUCE D SOLAR DR. LIDAY FL 34691 The named entity submits this statement for the purpose of changing its re-	RATVOLD'S PAINTING, INC. a of Business R DR. L 34691 Name and Address Country S. Name and Address of Current Registered Agent Name TVOLD, BRUCE D SOLAR DR. LIDAY FL 34691 City C	RATVOLD'S PAINTING, INC. a of Business R DR 1050 SOLAR DR 1050 SOLAR DR HOLIDAY FL 34691 Rec of Business 3. Mailing Address Roce of Business 4. FEI Number 55 - 0857735 Rot Applied Fr Not Applied 6. Name and Address of Current Registered Agent TVOLD, BRUCE 0 SOLAR DR LIDAY FL 34691 City Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Instruction of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Florida.

12. I nereby 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: Bruce

SALLE SALLOTE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OF FIGER OR DIRECTOR

4/9/05(37)215-6520