


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90445 038 ***150.00

DOCUMENT # P04000033262		
1. Entity Name GRUE PAINTING SERVICE, INC.		
Principal Place of Business 1118 EDMONDS STREET LEESBURG FL 34748		Mailing Address 1118 EDMONDS STREET LEESBURG FL 34748
2. Principal Place of Business <i>1118 Edmonds St.</i>	3. Mailing Address <i>1118 Edmonds St.</i>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State <i>Leesburg, FL</i>	City & State <i>Leesburg, FL</i>	
Zip <i>34748</i>	Country <i>Lake</i>	Zip <i>34748</i> Country <i>Lake</i>



1st MOORE

CR2E034 (10/04)

4. FE Number <i>80-0097491</i>		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GRUE, JAY S 1118 EDMONDS STREET LEESBURG FL 34748		7. Name and Address of New Registered Agent
		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		FL Zip Code
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 <i>[Signature]</i>		DATE <i>4/25/05</i>
Signature, type or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-registering)

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. <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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #