04/15/2005 12:43 4072260107 TOM RICC

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Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90281 027 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000044170

1. Entity Name
LAVIN PAINTING, INC.

Principal Place of Business
177 S BANANA RIVER DR #144
MERRITT ISLAND, FL 32952

Mailing Address
177 S BANANA RIVER DR #144
MERRITT ISLAND, FL 32952

04222005 Chg-F CR2E034 (10/03)

2. Principal Place of Business: 433 Summers Creek Dr
Suite, Apt #, etc.
City & State: Merritt Island, Florida
Zip: 32952 Country: Brevard

3. Mailing Address: 433 Summers Creek Dr.
Suite, Apt. #, etc.
City & State: Merritt Island Florida
Zip: 32952 Country: Brevard

4. FEI Number: 42-1625541 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LAVIN, GILBERT
177 S BANANA RIVER DR #144
MERRITT ISLAND, FL 32952

7. Name and Address of New Registered Agent
Name: Gladys Riccobono, CPA
Street Address (P.O. Box Number is Not Acceptable): 143 SW 31ST STREET
City: CAPE CORAL FL Zip Code: 33904

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 X [signature] 4/23/05
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 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAVIN, GILBERT 433 SUMMERS CREEK DR MERRITT ISLAND, FL 32952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIVERA, MARISS 433 SUMMERS CREEK DR MERRITT ISLAND, FL 32952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] 4/23/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #