## 2005 FOR PROFIT-CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # P04000048869** 04-29-2005 90220 048 \*\*\*150.00 COLOR YOUR WORLD PAINTING, INC. Principal Place of Business Mailing Address 28 BARRACUDA STREET 28 BARRACUDA STREET SANTA ROSA BEACH, FL 32541 SANTA ROSA BEACH, FL 32541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 02162005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. EEI Number 20-0905298 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 24 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YARBROUGH, NATALIE G 28 BARRACUDA STREET SANTA ROSA BEACH, FL 32541 City C 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. 100 SIGNATURE 2 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. Kenneth R. Bundrick Change TITLE ☐ Delete TITLE BUNDRICK, KENNETH R NAME NAME 28 Spotted Dolphin Rd STREET ADDRESS 28 BARRACUDA STREET STREET ADDRESS Santa Rosa Beach, FL 32459 CITY-ST-ZIF SANTA ROSA BEACH, FL 32541 CITY-ST-7/P STD ☐ Change TITLE TITLE ☐ Addition Delete YARBROUGH, NATALIE G NAME NAME STREET ADDRESS 28 BARRACUDA STREET STREET ADDRESS CITY-ST-ZIP SANTA ROSA BEACH, FL 32541 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

FILED