

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90044 038 ***150.00

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|---|--|---|---|---|--|
| DOCUMENT # P04000054433 1. Entity Name TOTAL QUALITY PAINTING, INC | | | | | |
| Principal Place of Business 170 WINDTREE LN. WINTER GARDEN, FL 34787 | | | Mailing Address 170 WINDTREE LN. WINTER GARDEN, FL 34787 | | |
| 2. Principal Place of Business 16917 Bay AVE Suite, Apt. #, etc. | | 3. Mailing Address 16917 Bay AVE Suite, Apt. #, etc. | | | |
| City & State Montverde, FL | | City & State Montverde, FL | | 4. FEI Number 20-0933844 | |
| Zip 34756 | | Country LAKE | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LUPERCIO, HUGO 170 WINDTREE LN. WINTER GARDEN, FL 34787 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LUPERCIO, HUGO 170 WINDTREE LN. WINTER GARDEN, FL 34787 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Hugo Lupercio 16917 Bay AVE Montverde, FL 34756 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BARRAGAN, LORENA 170 WINDTREE LN. WINTER GARDEN, FL 34787 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Lorena Barragan 16917 Bay AVE Montverde, FL 34756 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
| 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 |
| 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 |
| 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: <u>Hugo Lupercio</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 3-21-05 321-239-6426 <small>Date Daytime Phone #</small> | | |