

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

08-03-2005 90060 012 ***158.75

DOCUMENT # P04000056538 1. Entity Name SIGNATURES QUALITY PAINTING, INC.					
Principal Place of Business 14019 BEACH BLVD LOT 859 JACKSONVILLE, FL 32250 US			Mailing Address 14019 BEACH BLVD LOT 859 JACKSONVILLE, FL 32250 US		
2. Principal Place of Business 14019 Beach Blvd Suite, Apt. #, etc. Lot 859		3. Mailing Address 14019 Beach Blvd Suite, Apt. #, etc. Lot 859			
City & State Jacksonville Fla Zip 32250		City & State Jacksonville Fla Zip 32250		4. FEI Number 20-0947136 Applied For <input type="checkbox"/> Not Applicable	
Country Duval		Country Duval		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COBB, CHRISTOPHER E 14019 BEACH BLVD LOT 859 JACKSONVILLE, FL 32250				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST COBB, CHRISTOPHER E 14019 BEACH BLVD, LOT 859 JACKSONVILLE, FL 32250		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	
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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: <u>Christopher E Cobb</u> CHRISTOPHER E COBB <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>7-28-05</u> Daytime Phone # <u>904-223-0529</u>		