



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90076 017 \*\*\*150.00

<b>DOCUMENT # P04000058682</b>					
<b>1. Entity Name</b> JOSEPH PULITANO PAINTING, INC.					
<b>Principal Place of Business</b> 1145 LODGE CIRCLE SPRING HILL, FL 34606			<b>Mailing Address</b> 1145 LODGE CIRCLE SPRING HILL, FL 34606		
<b>2. Principal Place of Business</b> <i>same as above</i>		<b>3. Mailing Address</b> <i>same as above</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02132005 Chg-P CR2E034 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 20-1134401	
Zip		Zip		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  COLLINGWOOD, DEBORAH 5276 PALISADE DRIVE SPRING HILL, FL 34607			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b> SIGNATURE <i>Deborah Collingwood</i> <span style="float: right;">4/28/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> PULITANO, JOSEPH 1145 LODGE CIRCLE SPRING HILL, FL 34606	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> TINSLEY, MICHAEL T 1305 NEW HOPE ROAD SPRING HILL, FL 34606	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <i>Joseph Pulitano</i> <span style="float: right;">4/28/05 352-684-6284</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					