


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90077 030 \*\*\*150.00

<b>DOCUMENT # P04000060265</b>	
1. Entity Name <b>PJETRI PAINTING INC.</b>	

Principal Place of Business <b>2506 DON QUIXOTE CIRCLE JACKSONVILLE, FL 32250</b> <i>12866 Ellis Island Dr. Jacksonville, FL 32224</i>	Mailing Address <b>2506 DON QUIXOTE CIRCLE JACKSONVILLE, FL 32250</b> <i>12866 Ellis Island Dr. Jacksonville, FL 32224</i>
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2. Principal Place of Business <i>12866 Ellis Island Dr.</i>	3. Mailing Address <i>12866 Ellis Island Dr.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Jacksonville, FL</i>	City & State <i>Jacksonville, FL</i>
Zip <i>32224</i>	Zip <i>32224</i>
Country <i>USA</i>	Country <i>USA</i>



01262005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>STAM, ROBERT A 4344 BLUE HERON DRIVE PONTE VEDRA BEACH, FL 32082</b>	
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4. FEI Number <i>20-1016867</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 <i>Pjetri Dritan</i>	DATE <i>01/26/05</i>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>PJETRI, JAK</b>		NAME <i>Pjetri Dritan</i>	
STREET ADDRESS <b>2506 DON QUIXOTE CIRCLE</b>		STREET ADDRESS <i>12866 Ellis Island Dr.</i>	
CITY-ST-ZIP <b>JACKSONVILLE, FL 32250</b>		CITY-ST-ZIP <i>Jacksonville, FL 32224</i>	
TITLE <i>Dritan Pjetri</i>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>Dritan Pjetri</i>		NAME	
STREET ADDRESS <i>12866 Ellis Island Dr.</i>		STREET ADDRESS	
CITY-ST-ZIP <i>Jacksonville, FL 32224</i>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Jak Pjetri</i>	DATE <i>01/26/05</i>	DAYTIME PHONE # <i>(904) 382-9363</i>
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