## **2005 FOR PROFIT CORPORATION**

## Apr 14, 2005 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P04000060320 04-14-2005 90088 046 \*\*\*150.00 WILLIE ANDERSON PAINTING INC. Principal Place of Business Mailing Address **4245 POWELL RD** 4245 POWELL RD WEST MELBOURNE, FL 32904 WEST MELBOURNE, FL 32904 115 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02242005 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number Not Applicable 20-1022717 Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHEEK, TAMARA L Street Address (P.O. Box Number is Not Acceptable) 1601 AIRPORT BLVD STE 2 MELBOURNE, FL 32901 City Zip Code 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. Signature, typed or printed numit of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PVTS Delete TITLE TITLE Change ☐ Addition ANDERSON, WILLIE NAME NAME 4245 POWELL RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST MELBOURNE, FL 32904 CITY-ST-ZIP Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TM F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE

**FILED** 

☐ Change

■ 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 attackment with an address, with all other like empowered.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

NAME STREET ADDRESS

CHY-SI-ZIP TITLE

Willie Anderson IE OF SIGNING OFFICER OR DIRECTOR