

2005 FOR PROFIT CORPORATION ANNUAL REPORT

09-14-2005 90002 047 ***550.00

P04000061717

FILED

06 JAN 11 AM 9:34

SEC. OF STATE
TALLAHASSEE, FLORIDA

REINSTATE FEE 50066754



09122005 Chg-P CR2E034 (10/03)

4. FEE Number **35-2230553** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P04000061717

1. Entity Name
EKELI PAINTING, INC.



Principal Place of Business
**3745 SOUTH COLLEGE AVE.
INVERNESS, FL**

Mailing Address
**3745 SOUTH COLLEGE AVE.
INVERNESS, FL**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**EKELI, ARNE
3745 SOUTH COLLEGE AVE.
INVERNESS, FL**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D EKELI, ARNE 3745 SOUTH COLLEGE AVE. INVERNESS, FL <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	D EKELI, STEVEN W 3745 SOUTH COLLEGE AVE. INVERNESS, FL <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
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: *Arne Ekeli* 9/12/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

WIGMORE & WIGMORE, PA
CERTIFIED PUBLIC ACCOUNTANTS

MARC L. WIGMORE, CPA
MARC@WIGMORECPA.COM

3350 E. GULF TO LAKE HWY.
INVERNESS, FL 34453

MEMBERS OF:
AICPA
FICPA

MARY ANN WIGMORE, MST, CPA
MARYANN@WIGMORECPA.COM

WWW.WIGMORECPA.COM
TEL 352-637-3005
FAX 352-637-3170

January 4, 2006

Eula Peterson, Document Specialist
Florida Department of Revenue
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Ekeli Painting, Inc., Doc # P04000061717, Letter # 705A00072159

Dear Ms. Peterson:

The above referenced taxpayer became my client in August, 2005. Unlike my firm, the previous accounting firm failed to follow-up on the corporate annual report filing. The corporation filed and paid the 2005 annual report in September including the \$400 penalty. You accepted the payment and returned the form because the FEI number was omitted. The form was resubmitted with the FEI number.

My client has now received a letter from you stating their corporation was administratively dissolved even though you had accepted and cashed their filing fee payment check. You are now requesting an additional payment, for an amount that is not clear to me, in order to reinstate their corporation.

My client has made a good faith effort to comply and you in good faith accepted their payment. I feel it is punitive to request they now pay a reinstatement fee and therefore request that this corporation be reinstated to active status at no further cost to my client.

Sincerely,



Marc L. Wigmore