

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2005 8:00 am
Secretary of State

04-29-2005 90221 009 ***150.00

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1. Entity Name

RJ PAINTING OF MARION COUNTY, INC.



Principal Place of Business

7200 SW 14TH ST.
OCALA FL 34474

Mailing Address

7200 SW 14TH ST.
OCALA FL 34474

2. Principal Place of Business

7140 SW 14 ST
Suite, Apt. #, etc.
Ocala, Florida
City & State

3. Mailing Address

7140 SW 14 ST
Suite, Apt. #, etc.
Ocala, Florida
City & State



1st MOORE

CR2E034 (10/04)

4. FEI Number

20-0976130

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~IVY JOHN~~
~~7200 SW 14TH ST.~~
~~OCALA FL 34474~~

7. Name and Address of New Registered Agent

Name **RAUL CABRERA**

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

7140 SW 14 Street

City **Ocala**

FL

Zip Code **34474**

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME ~~IVY JOHN~~
STREET ADDRESS ~~7200 SW 14TH ST.~~
CITY-ST-ZIP ~~OCALA FL 34474~~

TITLE ☐ Delete
NAME **VD CABRERA, RAUL**
STREET ADDRESS **7140 SW 14TH ST.**
CITY-ST-ZIP **OCALA FL 34474**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME **President**
STREET ADDRESS **Raul Cabrera**
CITY-ST-ZIP **7140 SW 14 ST**
Ocala, FLA. 34474

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

6/11/05