


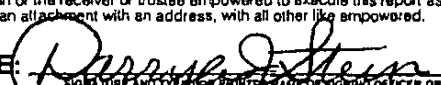
2005 FOR PROFIT CORPORATION ANNUAL REPORT

03-14-2005 90112 024 *** 150.00
P04000069063

FILED

05 AUG -12 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|--------------------|---|---|---|-----------------------------------|
| DOCUMENT # P04000069063 | | | |  | |
| 1. Entity Name MISS D'S PROPER PAINTING & MORE, INC. | | | | | |
| Principal Place of Business 6843 N. TRAM ROAD HERNANDO, FL 34442 US | | | Mailing Address 6843 N. TRAM ROAD HERNANDO, FL 34442 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FFL Number 17-0632361 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent RON A. RHOADES, P.A. 2450 N. CITRUS HILLS BLVD. HERNANDO, FL 34442 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | 5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | STEIN, DARRYLE | | NAME | | |
| STREET ADDRESS | 6843 N. TRAM ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | HERNANDO, FL 34442 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | STEIN, DARRYLE | | NAME | | |
| STREET ADDRESS | 6843 N. TRAM ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | HERNANDO, FL 34442 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | STEIN, DARRYLE | | NAME | | |
| STREET ADDRESS | 6843 N. TRAM ROAD | | STREET ADDRESS | | |
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| 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:  | | | 3/11/05 | | |
| <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Daytime Phone #</small> | | |

* Per consents; Reject letter never received 8/13