


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-07-2005 90093 046 \*\*\*150.00

<b>DOCUMENT # P04000070888</b>	
1. Entity Name <b>MR. MAGIC PAINT FOR LESS, INC.</b>	

Principal Place of Business <b>1713 S. KIRKMAN RD. #119 ORLANDO, FL 32811</b>	Mailing Address <b>1713 S. KIRKMAN RD. #119 ORLANDO, FL 32811</b>
--	--

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

02012005 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-1031722</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	
<b>GRISSOM, ANTHONY G 1713 S. KIRKMAN RD. #119 ORLANDO, FL 32811</b>	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<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"/> <b>\$5.00</b> 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	<b>RAMERY, JESSE</b>	NAME	
STREET ADDRESS	<b>1713 S. KIRKMAN RD. #119</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO, FL 32811</b>	CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMERY, RUDYTH</b>	NAME	
STREET ADDRESS	<b>1713 S. KIRKMAN RD. #119</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO, FL 32811</b>	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Giovanny N Negrón</b>	NAME	
STREET ADDRESS	<b>1921 Truman Rd</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Orlando FL 32807</b>	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jorge Luis ALCEA</b>	NAME	
STREET ADDRESS	<b>1501 Noble Pl</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Orlando, FL 32801</b>	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:** Jesse Ramery **2-2-05 407-375-8470**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #