


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

03-22-2005 90009 032 ***150.00


DOCUMENT # P04000074164	
1. Entity Name PREMIER CUSTOM PAINT, INC.	

Principal Place of Business 7410 SOUTH U.S. HWY. 1 SUITE 100 PORT ST. LUCIE FL 34952	Mailing Address 7410 SOUTH U.S. HWY. 1 SUITE 100 PORT ST. LUCIE FL 34952
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2. Principal Place of Business 3101 Aviation Blvd.	3. Mailing Address P.O. Box 650262
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Vero Beach, FL	City & State Vero Beach, FL
Zip 32960	Zip 32965-0262
Country USA	Country USA

66011077



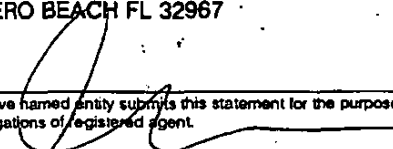
1st MOORE CR2E034 (10/04)

4. FEI Number 81-0608836	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HARVEY, CHARLES H JR. 6355 65TH STREET VERO BEACH FL 32967	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
State 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 retaining)	DATE
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P, S STONE, STEPHEN H 1408 25TH AVENUE VERO BEACH FL 32960 <input checked="" 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	T HARVEY, CHARLES H JR. 6355 65TH STREET VERO BEACH FL 32967 <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
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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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Charles H. Harvey	Date 4/15/05	Daytime Phone # 772-562-6282
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