
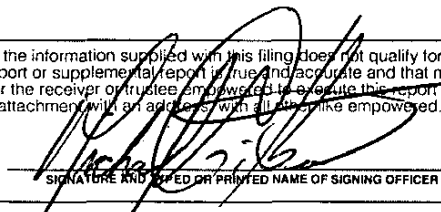


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90127 006 ***150.00

DOCUMENT # P04000078585 1. Entity Name GILBERT QUALITY PAINTING INC.					
Principal Place of Business 3557 NW 17TH AVENUE OCALA, FL 34475				Mailing Address 3557 NW 17TH AVENUE OCALA, FL 34475	
2. Principal Place of Business 3551 NW 17th Ave Suite, Apt. #, etc.		3. Mailing Address 3551 NW 17th Ave Suite, Apt. #, etc.			
City & State Ocala Florida Zip 34475		City & State Ocala, Florida Zip 34475		4. FEI Number 861108045	
Country marion		Country marion		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GILBERT, MICHAEL 3557 NW 17TH AVENUE OCALA, FL 34475				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, MICHAEL 3557 NW 17TH AVENUE OCALA, FL 34475	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman - 10% shareholder Robert Miller 3551 NW 17th Ave Ocala, Florida 34475
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
(Empty row for Officers and Directors)					
(Empty row for Officers and Directors)					
(Empty row for Officers and Directors)					
(Empty row for Officers and Directors)					
(Empty row for Officers and Directors)					
(Empty row for Officers and Directors)					
(Empty row for Officers and Directors)					
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: 			Date: 5-1-05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Daytime Phone #: 352-671-9669 352-427-2595		