

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/22/2005-90062-003-\$550.00-\$550.00

DOCUMENT # P04000080618

1. Entity Name

THOMAS REDDOCK PAINTING INC



FILED

05 SEP 20 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2nd MOORE

CR2E034 (5/05)

Principal Place of Business

965 ALFORD ST
TITUSVILLE FL 32798

Mailing Address

965 ALFORD ST
TITUSVILLE FL 32798

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number

59-3816938

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REDDOCK, THOMAS
965 ALFORD ST
TITUSVILLE FL 32796

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

Thomas Reddock

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 \$550.00 ;
DUE BY September 7, 2005

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☒ Delete
NAME	BREVARD COUNTY LICENSING BOARD REGULATION	
STREET ADDRESS	2725 JUDGE FRAN JAMISON WAY SUITE 106	
CITY-ST-ZIP	VIERA FL 32940	
TITLE	P	☐ Delete
NAME	REDDOCK, THOMAS	
STREET ADDRESS	965 ALFORD ST	
CITY-ST-ZIP	TITUSVILLE FL 32796	
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

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

Thomas Reddock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-29-2005 321-264-0541

Date

Distance From 1