

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90980 027 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                          |                                 |                                                                                                   |                                                                                                                          |         |
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| <b>DOCUMENT # P04000083398</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |                                 |                                                                                                   |                                                                                                                          |         |
| <b>1. Entity Name</b><br><b>TEK &amp; SONS PAINTING, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                          |                                 |                                                                                                   |                                                                                                                          |         |
| <b>Principal Place of Business</b><br><b>5447 CARMODY LAKE DR</b><br><b>PORT ORANGE, FL 32128</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                          |                                 | <b>Mailing Address</b><br><b>PO BOX 291165</b><br><b>PORT ORANGE, FL 32129</b>                    |                                                                                                                          |         |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                          |                                 | <b>3. Mailing Address</b>                                                                         |                                                                                                                          |         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                                 | Suite, Apt. #, etc.                                                                               |                                                                                                                          |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          |                                 | City & State                                                                                      |                                                                                                                          |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          | Country                         | Zip                                                                                               |                                                                                                                          | Country |
| <b>4. Name and Address of Current Registered Agent</b><br><br><b>KISGEROPOULOS, EMILIOS</b><br><b>5447 CARMODY LAKE DR</b><br><b>PORT ORANGE, FL 32128</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          |                                 |                                                                                                   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |         |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                          |                                 |                                                                                                   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                   |         |
| <b>SIGNATURE</b> _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                          |                                 |                                                                                                   |                                                                                                                          |         |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                                 | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                          |         |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                          |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                      |                                                                                                                          |         |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>P</b><br><b>KISGEROPOULOS, EMILIOS</b><br><b>5447 CARMODY LAKE DR</b><br><b>PORT ORANGE, FL 32128</b> | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b>                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |         |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>VP</b><br><b>KISGEROPOULOS, TAMMY</b><br><b>5447 CARMODY LAKE DR</b><br><b>PORT ORANGE, FL 32128</b>  | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b>                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |         |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b>                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |         |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b>                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |         |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b>                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |         |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          | <input type="checkbox"/> Delete | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY- ST- ZIP</b>                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                        |         |
| <b>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 807, 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.</b> |                                                                                                          |                                 |                                                                                                   |                                                                                                                          |         |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                          |                                 | <b>Tammy Kisgeropoulos</b>                                                                        |                                                                                                                          |         |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                          |                                 | Date: <b>4/5-05</b> Daytime Phone #: <b>386-756-2849</b>                                          |                                                                                                                          |         |