

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90007 033 ***150.00

DOCUMENT # P04060084721	
1. Entity Name HEART OF FLORIDA PAINTING INC.	

DO NOT WRITE IN THIS SPACE

40086401

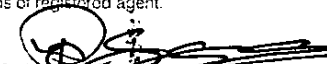
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 305 Ed PADGETT RD		3. Mailing Address Suite, Apt. #, etc.	
City & State LAKE LAND FLA.		City & State	
Zip 33809	Country POLK	Zip	Country
4. FEI Number 20-2367042		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Rickey J Ellison	
Street Address (P.O. Box Number is Not Acceptable) 305 Ed PADGETT RD	
City LAKE LAND	FL Zip Code 33809

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.

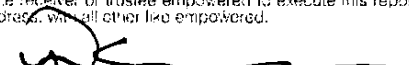
SIGNATURE  DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
PRES. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAINTING HEART OF FLORIDA PAINTING INC 305 Ed PADGETT RD LAKE LAND FLA. 33809	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
VICE. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAINTING / LORETTA PROCHAZKA HEART OF FLORIDA PAINTING INC 305 Ed PADGETT RD LAKE LAND FLA 33809	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE _____

CR2E034B (12/02)