


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2005 8:00 am
Secretary of State

06-29-2005 90001 018 ***150.00

DOCUMENT # P04000084891

1. Entity Name
FAITH TEXTURING, INC.



Principal Place of Business
**210 CAHOON RD.
 JACKSONVILLE, FL 32220**

Mailing Address
**210 CAHOON RD.
 JACKSONVILLE, FL 32220**

00000983

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip



06152005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**POTURICH, NICHOLAS J
 10101 CR 120
 SANDERSON, FL 32087**

4. FEI Number
59-3705788

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 Nicholas J. Poturich DATE 6-28-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$550.00
 Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <u>President</u> POTURICH, NICHOLAS J 10101 CR 120 SANDERSON, FL 32087 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <u>Vice President</u> POTURICH, JOSHUA D 10101 CR 120 SANDERSON, FL 32087 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, MISTY A 5777 IRVIN ST. MCLENNY, FL 32063 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vicki Barnett</u> <u>Secretary</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <u>Poturich, Nicholas J.</u> <u>10101 CR 120</u> <u>SANDERSON, FL 32087</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <u>Poturich, Joshua D.</u> <u>10101 CR 120</u> <u>SANDERSON, FL 32087</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <u>Vicki M. Barnett</u> <u>904 Pine St.</u> <u>Macclenny, FL 32063</u> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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] DATE: 6-28-05 DAYTIME PHONE #: 904-695-9929

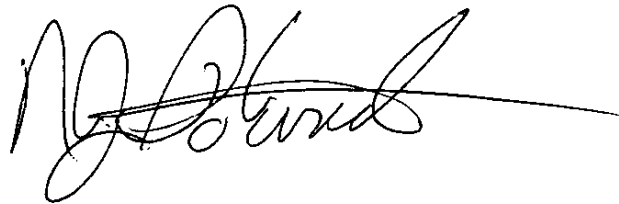
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT
#P04000084891
50053983 6/28/2005

FAITH TEXTURING, INC
210 CAHOON RD
JACKSONVILLE, FL 32220

TO : FLORIDA DEPT OF STATE

THIS LETTER IS TO INFORM YOU THAT THIS COMPANY DID NOT RECEIVE THE
FORM TO FILL OUT AND RETURN TO YOU BEFORE THIS TIME. PLEASE WAIVE
THE LATE FEE. THANK YOU.

A handwritten signature in black ink, appearing to read "N. J. Howard", with a long horizontal line extending to the right.