

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000096393

FILED  
Jul 29, 2005  
Secretary of State

Entity Name: WILLIAMS QUALITY PAINTING, INC.

## Current Principal Place of Business:

1227 ARROYO PKWY.  
ORMOND BEACH, FL 32174

## New Principal Place of Business:

## Current Mailing Address:

1227 ARROYO PKWY.  
ORMOND BEACH, FL 32174

## New Mailing Address:

FEI Number: 84-1653866

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, DOUG  
1227 ARROYO PKWY.  
ORMOND BEACH, FL 32174 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WILLIAMS, DOUG  
Address: 1227 ARROYO PKWY.  
City-St-Zip: ORMOND BEACH, FL 32174

Title: V ( ) Delete  
Name: WILLIAMS, CARSON  
Address: 86 RYECLIFFE DR.  
City-St-Zip: PALM COAST, FL 32167

Title: T ( ) Delete  
Name: ALTLAND, KENNETH  
Address: 911 MAY AVE.  
City-St-Zip: HOLLY HILL, FL 32117

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUG WILLIAMS

P

07/29/2005

Electronic Signature of Signing Officer or Director

Date