## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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## DOCUMENT # P04000100142 04-27-2005 90301 011 \*\*\*150.00 1. Entity Name DENYAKIN'S PAINTING, INC. Principal Place of Business Mailing Address PPATOGGO 3780 UNIVERSITY CLUB BLVD., #2608 3780 UNIVERSITY CLUB BLVD., #2608 JACKSONVILLE, FL 32277 JACKSONVILLE, FL 32277 US 2. Principal Place of Business 3. Mailing Address Suite, Act. #, etc. Suite, Apt. #, etc. 04252005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DENYAKIN, MIKHAIL 3780 UNIVERSITY CLUB BLVD., #2608 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32277 City 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 Significant, typed or orbited name of regulatorial agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Defete MLE ☐ Change ☐ Addition DENYAKIN, MIKHAIL NAME NAME STREET ADDRESS 3780 UNIVERSITY CLUB BLVD., #2608 STREET ADDRESS CTTY-ST-ZP JACKSONVILLE, FL 32277 CITY-ST-7IP TITLE C Delete MIE ☐ Change BIKUSHIKOVA, OLGA MANE STREET ADDRESS 3780 UNIVERSITY CLUB BLVD., #2608 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32277 CITY-ST-7P TITLE Delete TITLE Change ■ Addition EROFEVA, INNA HALE NAME 3780 UNIVERSITY CLUB BLVD., #2608 STREET ADDRESS STREET ADDRESS DIY-SI-TP JACKSONVILLE, FL 32277 CITY-ST-ZIP III)LE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP TITLE Delete TITLE ☐ Chance ■ Addition NUME MALE STREET ADDRESS STREET ADORESS CTTY-ST-ZIP CITY-ST-ZP TITLE TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the examption 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 exorporation 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.

FILED

May 24, 2005 8:00 am Secretary of State