2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2005 8:00 am
Secretary of State
08-18-2005 90003 047 ***150.00

50062254

DOCUMENT # P04000111605

1. Entity Name
OZMENT PAINTING INC.

Principal Place of Business	Mailing Address
6101 BEGGS RD #29 ORLANDO, FL 32810	6101 BEGGS RD #29 ORLANDO, FL 32810

2. Principal Place of Business	3. Mailing Address
~~4310 Tony~~	
Suite, Apt. #, etc. 4310 Tony St	Suite, Apt. #, etc. 4310 Tony St
City & State Orlando FL	City & State Orlando FL
Zip 32808 Country USA	Zip 32808 Country USA

08092005 Chg-P CR2E034 (10/03)

4. FEI Number 34-2012060 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OZMENT, CLINT V SR
6101 BEGGS RD #29
ORLANDO, FL 32810

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OZMENT, CLINT V SR 6101 BEGGS RD #29 ORLANDO, FL 32810	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4310 Tony St Orlando FL 32808	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Clint V. Ozment Sr. 8-15-05 3212294382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
5206225 4
#P04000111605

To whom it may concern,

This letter is to explain why I'm not paying the $400.00 late fee as I was not aware of this paperwork until very recent. I'm sending it in as Fast as I found out about it. This will not happen again as now I Know what to do. Thank you for your understanding and your cooperation in this matter.

Clint V. Ogment Sr.