

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90473 038 ***150.00

DOCUMENT # P04000115050

1. Entity Name
TRES PAINT REPAIR INC



Principal Place of Business

8 SUNSHINE BLVD
DELAND, FL 32724

Mailing Address

8 SUNSHINE BLVD
DELAND, FL 32724

2. Principal Place of Business

121 1/2 Lucie Ave

3. Mailing Address

121 1/2 Lucie Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELAND

City & State

DELAND

Zip

32720

Country

USA

Zip

32720

Country

USA

04252005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-1457689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREEMAN, WILLIAM A
8 SUNSHINE BLVD
DELAND, FL 32724

Name

Street Address (P.O. Box Number is Not Acceptable)

121 1/2 LUCIE AVE

City DELAND

FL

Zip Code 32720

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 \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P,VP	<input type="checkbox"/> Delete
NAME	FREEMAN, WILLIAM A	
STREET ADDRESS	8 SUNSHINE BLVD	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	FREEMAN, WILLIAM A	
STREET ADDRESS	8 SUNSHINE BLVD	
CITY-ST-ZIP	DELAND, FL 32724	
TITLE	SEC	<input checked="" type="checkbox"/> Delete
NAME	STRONG, JAMES S	
STREET ADDRESS	172 LOQUAT LANE	
CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	121 1/2 LUCIE AVE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	121 1/2 LUCIE AVE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	SEC	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREEMAN WILLIAMS	
STREET ADDRESS	121 1/2 LUCIE AVE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 687, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-05 (386) 547-9106