## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: \_

## May 23, 2005 8:00 am Secretary of State 04-22-2005 90295 015 \*\*\*150.00 **DOCUMENT # P04000126667** COYLE'S QUALITY PAINTING, INC. Principal Place of Business Mailing Address 7150 LOGAN STREET 7150 LOGAN STREET 66018402 SPRING HILL, FL 34606 SPRING HILL, FL 34606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04122005 Applied For City & State City & State 4. FEI Number Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COYLE, SHANNON Street Address (P.O. Box Number is Not Acceptable) 7150 LÓGAN STREET SPRÏNG HILL, FL 34606 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. (NOTE: Registered Agent pignature required when reinstating) 9. Election Campaign Financing FiLE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition COYLE, SHANNON NAME 7150 LOGAN STREET STREET ADDRESS STREET ADDRESS CITY-ST-Z:P SPRING HILL, FL 34606 CITY - ST - ZIP TITLE VSD ☐ Delete ☐ Change Addition TITLE COYLE, LEASIA NAME NAME 7150 LOGAN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZP SPRING HILL, FL 34606 CITY-ST-ZIP Change Addition TITLE TITLE Ocide MANAG MANIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TIPLE Change ☐ Ordete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-22 TITLE Addition TITLE ☐ Dalete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. 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 office or director of the opposition 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**