


FILED
Jun 09, 2005 8:00 am
Secretary of State

[illegible]

DOCUMENT # P04000129519		Secretary of State	
1. Entity Name TROY HODGES PROFESSIONAL PAINTING, INC.		06-09-2005 90002 013 ***150.00	
			
Principal Place of Business 1101 W. HENRY STREET PUNTA GORDA, FL 33950		Mailing Address 1101 W. HENRY STREET PUNTA GORDA, FL 33950	
2. Principal Place of Business P.O. Box 8046 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 8046 Suite, Apt. #, etc.	
City & State HUNTSVILLE TX Zip 77342 Country USA		City & State HUNTSVILLE TX Zip 77342 Country USA	
4. FEI Number 20-1629001		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPBELL, J. DAVID EA 2511 VASCO STREET SUITE 115 PUNTA GORDA, FL 33950		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/SIT <input type="checkbox"/> Delete NAME Troy Hodges STREET ADDRESS P.O. Box 8046 CITY-ST-ZIP HUNTSVILLE TX 77342		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE <input type="checkbox"/> Delete 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 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 Troy Hodges PRESIDENT		6-6-05 936-391-6402	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	