2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State **DOCUMENT # P04000142086** 05-02-2005 90446 002 ***150.00 1. Entity Name 06-08-2005 90002 004 *****8.75 PREMIER PAINTY PRKS AND WATERPROOFING, INC. Principal Place of Business Mailing Address UUUUUUUUU 6401 REGATTA CT TAMPA FL 33634 6401 REGATTA CT TAMPA FL 33634 2. Principal Place of Business 3. Mailing Address 3431 Foxwood BIVD Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For 4. FEI Number City & State esle. 81<u>-06686</u> Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE Registered Agent aignature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSTD TITLE ☐ Change Addition TITLE ☐ Defete GARCIA, HOWARD J NAME NAME STREET ADDRESS 6401 REGATTA CT STREET ADDRESS TAMPA FL 33634 CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 1/1/6 Delete TITLE ☐ Change ☐ Addition NAME MANAE STIPLET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete THILE ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CHY-SI-7P TITLE ☐ Change ■ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS 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 offect as if made under path, 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:

FILED

Jun 08, 2005 8:00 am