

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000153332

1. Entity Name

LEROY PAINING, INC.



FILED

05 OCT -7 PM 1:32

SECRETARY OF STATE
FLORIDA

1st MOORE

CR2E034 (10/04)

Principal Place of Business

1243 63 TERRIS SOUTH
ST. PETERSBURG FL 33705

Mailing Address

1243 63 TERRIS SOUTH
ST. PETERSBURG FL 33705

2. Principal Place of Business

1243-63rd Terrace 50.

3. Mailing Address

1243-63rd Terrace 50

Suite, Apt. #, etc.

St. Petersburg, FL

City & State

Suite, Apt. #, etc.

St. Petersburg, FL

City & State

Zip
33705

Country
U.S.

Zip
33705

Country
U.S.

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, WARREN
1243 63 TERRIS SOUTH
ST. PETERSBURG FL 33705

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 \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME THOMAS, WARREN
STREET ADDRESS 1243 63 TERRIS SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☐ Addition
NAME THOMAS, WARREN
STREET ADDRESS 1243-63rd Terrace 50
CITY-ST-ZIP ST. Pete., FL 33705

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 the empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

1243-63rd Terrace South
St. Petersburg, FL 33705
September 16, 2005

To whom it may concern:

I'm enclosing my fee of \$150.00,
as told by phone. I explained to the repre-
sentative, that I never received a card of
cancellation. Therefore, just send in my fee, along
with a letter of explanation. I also, corrected
my address.

Respectfully,
Dawn Thomas