


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90338 003 \*\*\*158.75

**DOCUMENT # P92000008289**

1. Entity Name  
**PREMIER PAINTING INDUSTRIES, INC.**



Principal Place of Business      Mailing Address

**7858 EAST GULF TO LAKE HWY**      **PO BOX 1180**  
**INVERNESS, FL 34452 US**      **FLORAL CITY, FL 34436-1180 US**

**50040148**



2. Principal Place of Business      3. Mailing Address

**109 N. Apopka Ave.**      **109 N. Apopka Ave.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

02222005      Chg-P      CR2E034 (10/03)

City & State      City & State

**Inverness, FL**      **Inverness, FL**

Zip      Country      Zip      Country

**34450**      **U.S.**      **34450**      **U.S.**

4. FEI Number      Applied For

**59-3157927**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PIZZA, MICHAEL**  
**7858 EAST GULF TO LAKE HWY**  
**INVERNESS, FL 34452**

7. Name and Address of New Registered Agent

Name

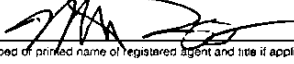
Street Address (P.O. Box Number is Not Acceptable)

**109 N. Apopka Ave.**

City      State      Zip Code

**Inverness**      **FL**      **34450**

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:       DATE: **3/22/05**

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	PD	<input type="checkbox"/> Delete
NAME	PIZZA, MICHAEL	
STREET ADDRESS	7858 EAST GULF TO LAKE HWY	
CITY-ST-ZIP	INVERNESS, FL 34452	
TITLE	V	<input type="checkbox"/> Delete
NAME	PIZZA, BEVERLY	
STREET ADDRESS	7858 EAST GULF TO LAKE HWY	
CITY-ST-ZIP	INVERNESS, FL 34452	
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	<b>109 N. Apopka Ave</b>	
CITY-ST-ZIP	<b>Inverness, FL 34450</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>109 N. Apopka Ave.</b>	
CITY-ST-ZIP	<b>Inverness, FL 34450</b>	
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 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:       DATE: **2/22/05**      DAYTIME PHONE #: **352-860-2700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #