

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90145 038 \*\*\*150.00

|                                                  |                                                                                   |
|--------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P93000039137</b>                   |  |
| 1. Entity Name<br><b>FAULKNER PAINTING, INC.</b> |                                                                                   |

|                                                                                      |                                                                          |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Principal Place of Business<br><b>701 BREAKWATER TERRACE<br/>SEBASTIAN, FL 32958</b> | Mailing Address<br><b>701 BREAKWATER TERRACE<br/>SEBASTIAN, FL 32958</b> |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------|

|                                                           |                                               |
|-----------------------------------------------------------|-----------------------------------------------|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|-----------------------------------------------------------|-----------------------------------------------|

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| City & State<br><b>Sebastian, Fl.</b> | City & State<br><b>Sebastian, Fl.</b> |
| Zip<br><b>32958</b>                   | Zip<br><b>32958</b>                   |
| Country<br><b>U.S.A.</b>              | Country<br><b>U.S.A.</b>              |



01112005 Chg-P CR2E034 (10/03)

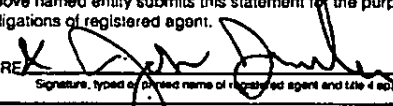
|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0416733</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br><b>FAULKNER, JOHN D<br/>701-BREAKWATER-TERRACE<br/>SEBASTIAN, FL 32958</b> |  |
|-----------------------------------------------------------------------------------------------------------------------------------|--|

|                                                                                                                                                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 7. Name and Address of New Registered Agent<br><br>Name <b>John D. Faulkner</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>Sebastian</b> FL Zip Code <b>32958</b> |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

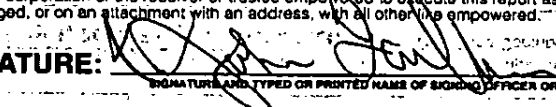
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **1/11/05**

|                                                                               |                                                                                     |                                       |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be<br>Added to Fees |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                          | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                     |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>FAULKNER, JOHN D<br>701 BREAKWATER TERRACE<br>SEBASTIAN, FL 32958 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PTD<br>FAULKNER, JOHN D<br>334 Brookledge Terr.<br>SEBASTIAN, FL 32958 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>FAULKNER, TODD W<br>8576 -98TH CT<br>VERO BEACH, FL 32967 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V<br>FAULKNER, TODD W<br>8426 - 93RD AVE.<br>VERO BCH, FL 32967 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>FAULKNER, CHAD<br>701 BREAKWATER TERR<br>SEBASTIAN, FL 32958 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S<br>FAULKNER, CHAD<br>334 Brookledge Terr.<br>SEBASTIAN, FL 32958 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                   |

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 **1/11/05** 772-473-4362