# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 10, 2005 8:00 am**
**Secretary of State**
03-10-2005 90145 038 ***150.00

DOCUMENT # P93000039137

1. Entity Name
FAULKNER PAINTING, INC.

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

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Sebastian, Fl. | City & State: Sebastian, Fl. |
| Zip: 32958 Country: U.S.A. | Zip: 32958 Country: U.S.A. |

01112005 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0416733 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FAULKNER, JOHN D
701 BREAKWATER TERRACE
SEBASTIAN, FL 32958

7. Name and Address of New Registered Agent

Name: John D. Faulkner
Street Address (P.O. Box Number is Not Acceptable):
City: Sebastian FL Zip Code: 32958

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] 1/11/05
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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PTD<br>FAULKNER, JOHN D<br>701 BREAKWATER TERRACE<br>SEBASTIAN, FL 32958 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PTD<br>FAULKNER, JOHN D<br>334 Brookedge Terr.<br>SEBASTIAN, FL. 32958 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>FAULKNER, TODD W<br>8576 -98TH CT<br>VERO BEACH, FL 32967 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>FAULKNER, TODD W<br>8426 - 93rd Ave.<br>VERO BCH, FL. 32967 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>FAULKNER, CHAD<br>701 BREAKWATER TERR<br>SEBASTIAN, FL 32958 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>FAULKNER, CHAD<br>334 Brookedge Terr.<br>SEBASTIAN, FL. 32958 | ☑ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** [signature] 1/11/05 772-473-4362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #