


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000065251 1. Entity Name JAYCEE MARTIN CUSTOM PAINTING, INC.	
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Principal Place of Business 112 SE 10 AVE POMPAÑO BEACH, FL 33060 US	Mailing Address 112 SE 10 AVE POMPAÑO BEACH, FL 33060 US
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03082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0434775	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent YVONNE GOODMAN 112 SE 10 AVE POMPAÑO BEACH, FL 33060
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**DO NOT WRITE
IN THIS SPACE**

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  **YVONNE C. GOODMAN** DATE _____
(NOTE: Registered Agent signature required when reconstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, JONATHAN C 2714 NE 27TH AVE LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YVONNE GOODMAN 112 SE 10 AVE POMPAÑO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONATHAN MARTIN 112 SE 10 AVE POMPAÑO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELMAN, JOSE 941 NE 23 ST POMPAÑO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/05/05-80079-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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  **YVONNE C. GOODMAN, VP.** Date _____ Daytime Phone # **954-783-7889**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR