Apr 21 2005 9:42AM GRIFFIN ACCOUNTING

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Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90282 009 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000077972

1. Entity Name
MIKE MANDICH PAINTING, INC.

Principal Place of Business	Mailing Address
~~3528 NW 14TH TER.~~ ~~CAPE CORAL, FL 33993~~	PO BOX 152394 CAPE CORAL, FL 33915-2394

04202005 Cng-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1116 SE 12th Ct.			
Suite, Apt. #, etc —		Suite, Apt. #, etc.	
City & State Cape Coral, FL		City & State	
Zip 33990	Country USA	Zip	Country

4. FEI Number 65-0460343 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MANDICH, MICHAEL ~~3528 N.W. 14TH TERRACE~~ ~~CAPE CORAL, FL 33993~~	Name: Street Address (P.O. Box Number Is Not Acceptable): 1116 SE 12 Ct. City: Cape Coral FL Zip Code 33990

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

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	PD MANDICH, MIKE ~~3528 NW 14TH TERRACE~~ ~~CAPE CORAL, FL 33993~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: 1116 SE 12th Ct. Cape Coral FL 33990	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MANDICH, LINDA M. ~~3528 NW 14TH TERRACE~~ ~~CAPE CORAL, FL~~ 33993	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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)( ), 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: X Linda Mandich — X 4-21-05 — X 239-574-2592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Sec/Treasurer