2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005
Secretary of State

DOCUMENT# P93000086202

Entity Name: BOB NICHOLS PAINTING CO.

Current Principal Place of Business:

1506 STATE ROAD 17 NORTH
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

1506 STATE ROAD 17 NORTH
SEBRING, FL 33870

New Mailing Address:

FEI Number: 65-0454211 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICHOLS, R.E.
1506 SR 17 NORTH
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCTS ( ) Delete
Name: NICHOLS, R.E.
Address: 1506 STATE ROAD 17 NORTH
City-St-Zip: SEBRING, FL 33870

Title: VP ( ) Delete
Name: CLARK, WILLIAM C
Address: 325 S CORVETTE AVENUE
City-St-Zip: SEBRING, FL 33872

Title: D ( ) Delete
Name: NICHOLS, DEBRA E
Address: 1506 SR 17 N .
City-St-Zip: SEBRING, FL 33870

Title: VP (X) Delete
Name: SANTORO, TODD M
Address: 4336 FERRARI DRIVE
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT E. NICHOLS PCTS 04/19/2005

Electronic Signature of Signing Officer or Director — Date