2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000000723

Entity Name: SOKO'S PAINTING AND DECORATING, INC.

FILED Mar 03, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6315 N. BISCAYNE DRIVE 7972 EVINRUDE AVE.
NORTH PORT, FL 34287 NORTH PORT, FL 34286

Current Mailing Address: New Mailing Address:

6315 N. BISCAYNE DRIVE 7972 EVINRUDE AVE.
NORTH PORT, FL 34287 NORTH PORT, FL 34286

FEI Number: 65-0462750 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEKIC, SOKO
6315 N. BISCAYNE DRIVE
NORTH PORT, FL 34287 US
LEKIC, SOKO
7972 EVINRUDE AVE.
NORTH PORT, FL 34286 US

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: 03/03/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 LEKIC, SOKO
 Name:
 LEKIC, SOKO

 Address:
 6315 N. BISCAYNE DRIVE
 Address:
 7972 EVINRUDE AVE.

 City-St-Zip:
 NORTH PORT, FL 34287
 City-St-Zip:
 NORTH PORT, FL 34286

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 LEKIC, ESTHER
 Name:
 LEKIC, ESTHER

 Address:
 6315 N. BISCAYNE DRIVE
 Address:
 7972 EVINRUDE AVE.

 City-St-Zip:
 NORTH PORT, FL 34287
 City-St-Zip:
 NORTH PORT, FL 34286

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 LEKIC, PHILLIP
 Name:
 LEKIC, PHILLIP

 Address:
 6315 N. BISCAYNE DRIVE
 Address:
 7972 EVINRUDE AVE.

 City-St-Zip:
 NORTH PORT, FL 34287
 City-St-Zip:
 NORTH PORT, FL 34286

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: SOKOL LEKIC PD 03/03/2005