

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90018 013 ***150.00

DOCUMENT # P94000014186

1. Entity Name
INTERSTATE PAINTING CONTRACTORS, INC.



Principal Place of Business
**10646 EMARLD CHASE DRIVE
 ORLANDO, FL 32836**

Mailing Address
**10646 EMARLD CHASE DRIVE
 ORLANDO, FL 32836**

40007988



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01242005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3223955

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**REZAEI, MANI
 10646 EMERALD CHASE DRIVE
 ORLANDO, FL 32836**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

TITLE **P** Delete
 NAME **REZAEI, YALDA**
 STREET ADDRESS **10646 EMERALD DRIVE**
 CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE **S** Delete
 NAME **REZAEI, MANI**
 STREET ADDRESS **10646 EMERALD CHASE DRIVE**
 CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE **T** Delete
 NAME **REZAEI, TAYMOOR**
 STREET ADDRESS **10646 EMERALD CHASE DRIVE**
 CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-05 *1107-467-2678*
407-909-1009