


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000022924 1. Entity Name PAULHAMUS, INC.	
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Principal Place of Business 1950 N COUNTRY RD EUSTIS, FL 32726	Mailing Address 1950 N COUNTRY RD EUSTIS, FL 32726
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DO NOT WRITE IN THIS SPACE

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04262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3251806	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PAULHAMUS, FRANK
1950 N COUNTRY RD
EUSTIS, FL 32726**

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULHAMUS, FRANK 1950 N COUNTRY RD EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULHAMUS, BEATRICE 1950 N COUNTRY RD EUSTIS, FL 32726
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05/03/05-80046-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Frank Paulhamus* **FRANK PAULHAMUS** 4/28/05

352-357-4646

Date _____ Daytime Phone # _____