2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000023278

1. Entity Name
PAXTON PAINTING, INC.

Principal Place of Business	Mailing Address
5216 NW 5TH AVE	5216 NW 5TH AVE
FT LAUDERDALE, FL 33309	FT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

02012005   No Chg-P   CR2E034 (10/03)

4. FEI Number
65-0474401

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PAXTON, ROBERT SCOTT
5216 NW 5 AVENUE
FORT LAUDERDALE, FL 33309

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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
NAME	PAXTON, ROBERT S
STREET ADDRESS	5216 NW 5TH AVE
CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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02/04/05-80032-009 150.00

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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: X _Robert S. Paxton_   X 2/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #