2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 08:00 AN Secretary of State

1. Entity Nan	MENT # P9400004985 JRN PAINTING INC.	9			·		
1361 SW 32	Place of Business Mailing Address N 32ND STREET DERDALE, FL 33315 Mailing Address 1361 SW 32ND STREET FT. LAUDERDALE, FL 33315			† NAME (1200 PE) (100° (021))	E(1612 16122) Manual (16122)	22 17 3 12 3 1	w///
DO NOT WRITE IN THIS SPACE					No Chg-P		
1361 SW	6. Name and Address of Current Regi RN, RANDY 32ND STREET ERDALE, FL 33315	DO NOT WRITE 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 Signature: Typed or printed name of registered agent and title if applicable (NOTE Registered Agent agent). DATE							
After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution		00 May Be ed to Fees			
TITLE NAME STREET ADDRESS CITY-ST ZIP TITLE NAME	PD WASHBURN, RANDY 1361 SW 32ND STREET FT. LAUDERDALE, FL 33315 ST WASHBURN, TAMMY	CTORS		Ü	U000003 4/13/05-8	800919 80011-002	150.00
STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP	1361 SW 32ND STREET FT. LAUDERDALE, FL 33315			DO N	OT WI	RITE	
TITLE NAME STREET ADDRESS CITY ST-ZIP					IIS SPA		
NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST ZIP 12. I hereby C	certify that the information supplied with this t	iling does not qualify for the exem	option stated in Sec	ction 119.07(3)(i), Flo	rida Stalutes. I fi	urther certify that	the information
12. I hereby certify that the information supplied with this filling 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 of 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:							
SIGNA	SIGNATURE AND TYPED OR PRINTE	NAME OF SIGNING OFFICER OR DIRECTO	NR		Dale	Daytime Pho	one#