


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90148 037 ***150.00

DOCUMENT # P95000057518 1. Entity Name ALL-BRIGHT PAINTING AND WALLCOVERING, INC.			
Principal Place of Business 6210 SUN BLVD 408 ST. PETERBURG, FL 33715 US		Mailing Address 6210 SUN BLVD 408 ST. PETERBURG, FL 33715 US	
2. Principal Place of Business 6210 Sun Blvd Suite, Apt. #, etc. 306		3. Mailing Address 6210 Sun Blvd Suite, Apt. #, etc. 306	
City & State St Petersburg FL Zip 33715 Country US		City & State St Petersburg FL Zip 33715 Country US	
4. FEI Number 59-3373124		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$6.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCLAREN, HENRY HAY 6210 SUN BLVD 408 306 ST. PETERSBURG, FL 33715		7. Name and Address of New Registered Agent 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 _____ (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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME MCLAREN, HENRY H STREET ADDRESS 6210 SUN BLVD STE 408 306 CITY - ST - ZIP SAINT PETERSBURG, FL 33715	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME MCLAREN, GARY H STREET ADDRESS 6210 SUN BLVD 408 306 CITY - ST - ZIP SAINT PETERSBURG, FL 33715	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME MCLAREN, ELIZABETH STREET ADDRESS 6210 SUN BLVD 408 306 CITY - ST - ZIP SAINT PETERSBURG, FL 33715	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 007, 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: <u>Elizabeth McLaren</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		April 7/05 727 8673443 Date Daytime Phone #	
ELIZABETH MCLAREN			

Old
New