


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/1:

FILED
Aug 12, 2005 8:00 am
Secretary of State

05-17-2005 90011 046 ***550.00

DOCUMENT # P95000076155	
1. Entity Name PERFECT PAINTS BY RALPH G., INC.	

Principal Place of Business 141 BILBAO DR ST AUGUSTINE, FL 32086	Mailing Address 141 BILBAO DR ST AUGUSTINE, FL 32086
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DO NOT WRITE IN THIS SPACE

DDU4J10A



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3345240	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 GOMEZ, RALPH A 141 BILBAO DR ST AUGUSTINE, FL 32086	
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**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] DATE: 6.8.05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)

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	P GOMEZ, RALPH 141 BILBAO DR ST. AUGUSTINE, FL 32086	
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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: [Signature] Date: 6.8.05 204 747 5346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Mailing Address
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ATTACHMENT

06025751

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6-8-05

DATE

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Trust Fund Contribution. ☐

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141 BILBAO DR
ST. AUGUSTINE, FL 32086

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #