2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 15, 2005 8:00 am Secretary of State **DOCUMENT # P97000024165** 04-15-2005 90103 044 ***150 00 1. Entity Name RON SPEARS PAINTING INC. Mailing Address Principal Place of Business 4132 WOOL AND CIR 4132 WOODLAND CIRCLE DELAND, FL 32724 DELAND, FL 32724 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162005 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 59-3433447 Not Applicable Country Zio Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPEARS-LAURAJ-Street Address (P.O. Box Number is Not Acceptable) 4132 WOODLAND CIR DELAND, FL 32724 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. M Change Addition TITLE ☐ Delete TITLE SPEARS, RONALD A. Spears, Ronald A. NAME NAME STREET ADDRESS 344 W. FRENCH AVENUE STREET ADDRESS 4132 Woodland Cir ORANGE CITY, FL 32763 CITY-ST-7IP CITY-ST-ZIP Deland, FL. 3272L TITLE Detete TITLE ☐ Change ☐ Addition HARNLEN, CYRUS B NAME NAME STREET ADDRESS 156 MAGNOLIA WAY STREET ADDRESS CITY-ST-ZIP DELAND, FL 32724 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete _ TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 dustee 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.

FILED