

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

112

05 AUG 26 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Eckel AUG 26 2005



08182005 Chg-P CR2E034 (10/03)

DOCUMENT # P97000069110 1. Entity Name PREMIER PAINTING, INC. OF COLLIER COUNTY					
Principal Place of Business 5760 SHIRLEY ST #4 NAPLES, FL 34109			Mailing Address 5760 SHIRLEY ST #4 NAPLES, FL 34109		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3464384	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent AINSWORTH, RICHARD 5760 SHIRLEY ST #4 NAPLES, FL 34109				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			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 NAME STREET ADDRESS CITY-ST-ZIP	D AINSWORTH, RICHARD 5760 SHIRLEY ST #4 NAPLES, FL 34109		<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"/> Change <input type="checkbox"/> Addition		
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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"/> 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 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: Richard C Ainsworth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



August 22, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Attention: Reinstatement Section

Re: #P97000069110

Dear Sir:

I am in receipt of your letter dated August 17 in which you explain why you are 1) returning the check sent to you on July 1, 2005 for \$150.00 and 2) imposing a fee for an additional \$400 for failure to file the annual report.

When I filed and sent the check, I did so without any notice that the date for filing could not exceed May 1, 2005. I did not file the check with the annual report because nothing had changed regarding the status of the company and therefore I thought it was sufficient to send the check. Had I been aware that the fee was due sooner I certainly would have sent the fee in time to meet the deadline.

Please be assured that everything that was done was done in good faith. I am herewith returning the fee for \$150.00 and hope that you will accept it without the additional penalty.

Thank you.

Sincerely,

Adrienne DiFranco
Bookkeeper