

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P97000080425

1. Entity Name  
PAUL SYLVESTER PAINTING, INC.



Principal Place of Business  
17918 116TH PL.  
JUPITER, FL 33478

Mailing Address  
17918 116TH PL.  
JUPITER, FL 33478

**DO NOT WRITE IN THIS SPACE**

**FILED  
Jun 07, 2005 8:00 am  
Secretary of State**

06-07-2005 90001 049 \*\*\*150.00



02252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1772830	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

GORDON, PATRICK M  
810 SATURN ST., STE. 17  
JUPITER, FL 33477

**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 signature required when restating)

DATE

**FILE NOW!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME SILVESTER, PAUL  
STREET ADDRESS 17918 116TH PL.  
CITY-ST-ZIP JUPITER, FL 33478

TITLE D  
NAME HENNING, TIMOTHY J  
STREET ADDRESS 425 ERIE DR  
CITY-ST-ZIP JUPITER, FL 33458

*NO Longer in  
corporation*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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: *Paul Sylvester*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/05  
Date

561-746-7590  
Daytime Phone #