2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2005 8:00 am Secretary of State

DOCUMENT # P98000015912 1. Entity Name MARGATE PAINT & BODY, INC.)3-29-2005 9	0017 04	1 ***150	.00
Principal Plac	e of Business	Mailing	Address]·				
206 MARGATE COURT MARGATE, FL 33063			206 MARGATE COURT MARGATE, FL 33063							
WARGATE, FI	1 33003	WAKU	41E, FL 33003							
O Dissipal D	Nan - (D	l a Mariti								
2. Principal Place of Business		3. Mailtí	3. Mailing Address							(3.6 1 1.7 6.6 1
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.			02182005	Chg-P	CR2E0	34 (10/03)	
City & State		City 8	City & State			4. FEI Number 59-3503	199		}	plied For t Applicable
Zip	Country		Zip Country		try	5. Certificate of			\$8.75 Add	litional
	6. Name and Address of	Current Registered	Agent			7. Name and A	ddress of New Re		Fee Require	1
	. •	··.			Name	• • • •			. 	
SHEEHAM, KIP 206 MARGATE COURT Street					Street Address	P.O. Box Number	is Not Acceptable)		
	FL 33063		~~· .	•						
					City			FL	Zip Code	e l
	named entity submits this stati ions of registered agent.	ernent for the purpo	se of changing its	registere	ed office or registe	red agent, or both,	in the State of Flo	rida. ∔am f	amiliar with,	and accept
SIGNATURE.	Signature, typed or printed name of regist	erad acury and title d south	, alder	- Harretorn	d Agent signature require	returben rauselntungs		DATE		
	organization, typical or p. 1100 that is of regy at		, , , , , , , , , , , , , , , , , , , ,	:100-210-3	ciryon orginatora raciona	· ·			₹'	
FIL After M	E NOW!!! FEE IS \$150 ay 1, 2005 Fee will be		Election Campai Trust Fund Conti	gn Finar ribution.	ncing \$5	.00 May Be fed to Fees				
10.	· · · · · · · · · · · · · · · · · · ·	RS AND DIRECTOR	S	11.		ADDITIONS/C	IANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11
TITLE NAME	PD SHEENAN, KIP		Delete	TITLE					Change	Addition
STREET ADDRESS	7302 N.W. 39TH STREET	ī			ET ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS, FL 33	3071		CITY	-ST-ZIP					
TITLE			☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS				MAM	ET ADDRESS					
CITY-ST-7iP					-ST-ZIP					
TITLE	•									
NAME	•	•	☐ Delete	THTLE	E				☐ Change	:Addition
		,	☐ Delete	MAM	E				☐ Change	Addition
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CITY-SF-ZiP		,		NAM Stre City	E EET ADDRESS -ST-ZIP				Change	
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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 suppliemental 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kip Sheekan Kip Sheekan

3-22-05

154)9738441