

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P98000016463 1. Entity Name SPECTRUM PAINTING AND HOME REPAIR, INC. |  |
|--|---|

| | |
|--|--|
| Principal Place of Business 3450 SOUTH ATLANTIC AVENUE COCOA BEACH, FL 32931 | Mailing Address 4133 BAYBERRY DR MELBOURNE, FL 32901 |
|--|--|

DO NOT WRITE IN THIS SPACE



04252005 No Chg-P CR2E034 (10/03)

| | |
|------------------------------------|--|
| 4. FEI Number 59-3499500 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| |
|---|
| 6. Name and Address of Current Registered Agent CARR, BRIGID T 3450 SOUTH ATLANTIC AVENUE COCOA BEACH, FL 32931 |
|---|

**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 reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP | D CARR, BRIGID T 3450 SOUTH ATLANTIC AVENUE COCOA BEACH, FL 32931 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M REESE, STEVEN W 4133 BAYBERRY DR. MELBOURNE, FL 32901 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

U00000356709
05/04/05-80043-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Brigid T Carr 4/25/05 321-253-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #