


2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90223 004 ***150.00

P98000054404

DOCUMENT # P98000054404 1. Entity Name AMERICAN PAINTING OF SW FLORIDA, INC.						05 JUL 18 AM 9:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3920 30TH AVE SE NAPLES, FL 34117		Mailing Address 3920 30TH AVE SE NAPLES, FL 34117					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 65-0899053			
				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				7. Name and Address of New Registered Agent			
MOORE, LARA 3920 30TH AVE SE NAPLES, FL 34117				Name RAYMOND SIMONSEN, SR			
				Street Address (P.O. Box Number is Not Acceptable) 3920 30th Ave SE			
				City Naples, FL			
				Zip Code 34117			
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		<i>Raymond W. Simonsen</i>				DATE 6-30-05	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIMONSEN, LARA			NAME			
STREET ADDRESS	3920 30TH AVE SE			STREET ADDRESS			
CITY - ST - ZIP	NAPLES, FL 34117			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIMONSEN, RAYMOND, SR			NAME			
STREET ADDRESS	3920 30TH AVE SE			STREET ADDRESS			
CITY - ST - ZIP	NAPLES, FL 34117			CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
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:		<i>Raymond W. Simonsen</i>				DATE 6-30-05	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	