


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90289 014 ***150.00

DOCUMENT # P98000085936

1. Entity Name
 PREMIER CUSTOM PAINTING CORPORATION



Principal Place of Business
 9109 WEST HILLSBOROUGH AVENUE
 #208
 TAMPA, FL 33615

Mailing Address
~~3355 BEARSS AVE~~
 TAMPA, FL 33618
 16528 N. Dale Mabry Hwy.

2. Principal Place of Business
 16528 N. Dale Mabry Hwy
 Suite, Apt. #, etc.

3. Mailing Address
 16528 N. Dale Mabry Hwy.
 Suite, Apt. #, etc.

City & State
 Tampa, FL

City & State
 Tampa, FL

Zip
 33618

Country
 US

H0065537



01292005 Chg-P CR2E034 (10/03)

4. FEI Number
 59-3540094

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SANDERS, WALTER
~~3355 BEARSS AVE~~
 TAMPA, FL 33618
 16528 N. Dale Mabry Hwy.

7. Name and Address of New Registered Agent
 Name
 Sanders, Walter
 Street Address (P.O. Box Number is Not Acceptable)
 16528 N. Dale Mabry Hwy.
 City
 Tampa FL Zip Code
 33618

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 Walter Sanders Walter Sanders 2/20/05
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAHID, IMRAD 9109 WEST HILLSBOROUGH AVENUE, SUITE 208 TAMPA, FL 33615	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"/> 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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: Imran Shahid Imran Shahid 4/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #