


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000094717

1. Entity Name
 CARDINAL PAINTING SERVICES, INC.



Principal Place of Business
 690 CO RD 485A
 LAKE PANASOFFKEE, FL 33538

Mailing Address
 690 CO RD 485A
 LAKE PANASOFFKEE, FL 33538

DO NOT WRITE IN THIS SPACE



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-3543054

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MARAMAN, DENNIS A
 690 COUNTY RD 485A
 P. O. BOX 1386
 LAKE PANASOFFKEE, FL 33548

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	MARAMAN, DENNIS A
STREET ADDRESS	690 CR 485 A
CITY - ST - ZIP	LAKE PANASOFFKEE, FL 33538
TITLE	SD
NAME	MOTZ, LOUIS A
STREET ADDRESS	7506 ST. JOHNS ROAD
CITY - ST - ZIP	LAND O LAKES, FL 33549
TITLE	TD
NAME	MARAMAN, TERRY L
STREET ADDRESS	P.O. BOX 1409
CITY - ST - ZIP	LUTZ, FL 335481409
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1000001244448
 02/23/05-80010-004 150.00

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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: [Signature] **2-22-05** **352-568-8779**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #