2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 25, 2005 8:00 am Secretary of State DOCUMENT # P98000094772 1. Entity Name 04-25-2005 90223 046 ***150.00 S & S PAINTING, INC. Principal Place of Business Mailing Address 2724 OXFORD ST ORLANDO FL 32803 2724 OXFORD ST ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address 2107 1st MOORE CR2E034 (10/04) City & State Applied For 4. FEI Number 59-3542460 Not Applicable Country Country **\$8.75** Additional 5. Certificate of Status Desired Drange Orance Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PODLESNIK, SCOTT 611 EAST AMELIA AVE, STE 4 ORLANDO FL 32803 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 the obligations of registered agent. NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. BHE ☐ Delete TITLE Addition Podlesnik, Saott 2107 Hargill Dr Ovlando, Fl. 32806 NAME PODLESNIK, SCOTT NAME 2724 OXFORD 37 STREET ADDRESS STREET ADDRESS ORI ANDO PL 32803 CITY-ST-ZIP CITY-SI-ZIP TITLE D Delete ☐ Addition ☐ Change BORSTAD, STEVE NAME NAME 2724 OXFORD ST STREET ADDRESS STREET ADDRESS ORLANDO FL 32803 CITY-ST-71P CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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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 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. Scott Podlesnik SIGNATURE: