


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90189 032 ***150.00

DOCUMENT # P99000019963		
1. Entity Name CHUCK'S PAINTING & COATING INC		

Principal Place of Business 7016 E. HIDDEN CT FLORAL CITY, FL 34436	Mailing Address 7016 E. HIDDEN CT FLORAL CITY, FL 34436
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2. Principal Place of Business 7628 E. DERBY OAKS DR. Suite, Apt. #, etc.	3. Mailing Address 7628 E. DERBY OAKS DR. Suite, Apt. #, etc.
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City & State FLORAL CITY, FL	City & State FLORAL CITY, FL
Zip 34436	Zip 34436
Country USA	Country USA



02162005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3563115	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 ANDRES, CHARLES E 7016 E. HIDDEN CT FLORAL CITY, FL 34436	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7628 E. DERBY OAKS DR City FLORAL CITY FL Zip Code 34436
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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 Charles E. Andres, PRES. DATE 2-22-05

(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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANDRES, CHARLES E 7016 E. HIDDEN CT FLORAL CITY, FL 34436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	7628 E. DERBY OAKS DR FLORAL CITY, FL 34436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ANDRES, MARY F 7016 E. HIDDEN CT FLORAL CITY, FL 34436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	7628 E. DERBY OAKS DR FLORAL CITY, FL 34436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V OPSAHL, TERRENCE A 9291 S. BREEN TRAIL HOMOSASSA, FL 34446 <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
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

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: Mary F. Andres MARY F. ANDRES V.P. DATE 2-22-05 Daytime Phone # 352-637-0304