2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 13, 2005 08:00 AM Secretary of State DOCUMENT # P99000028643 PAINTER'S CARPET SERVICE, INC. Principal Place of Business Mailing Address **34ነኋዜ** OLD BALDWIN ROAD P.O. BOX 869 CALLAHAN, FL 32011-0869 CALLAHAN, FL 32011 03232005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3565939 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PAINTER, KEVIN P DO NOT WRITE 341% OLD BALDWIN RD. CALLAHAN, FL 32011 IN THIS SPACE 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 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 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ח THLE NAME PAINTER, KEVIN P 000000302606 STREET ADDRESS 3411 OLD BALDWIN ROAD 04/13/05-80079-004 150.00 City St-2iP CALLAHAN, FL 32011 IJI) F NAME STREET ADDRESS CITY - ST - ZIP MEE NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZIP IN THIS SPACE TITLE NALTE STREET ADDRESS CITY-ST-ZIP TOLE STREET ADDRESS CHY-SI-ZIP TIME NAME STREET ADDRESS CITY-SI-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

ke empowered.

NITED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address

SIGNATURE:

FILED