


FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90139 030 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P99000038936
 1. Entity Name
GAINES & KORNS PAINTING, INC.



40066471

Office/Principal Business Address: **400 ELKWOOD LANE ORLANDO, FL 32825-0150**
 Mailing Address: **400 ELKWOOD LANE ORLANDO, FL 32825 8169**



04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. Fil. Number: **59-3579108** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GAINES, LAURETTA K. 7129 CR 772
743 GALLOWAY TERR. WINTER SPRINGS, FL 32708
Webster, Fl. 33597

**DO NOT WRITE
 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: _____ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAINES, LAURETTA K 7129 CR 772 WEBSTER, FL 33597
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORNS, SALLY A 450 ELKWOOD LANE ORLANDO, FL 328258158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRINCIPIO, KIMBERLY 450 ELKWOOD LANE ORLANDO, FL 328258158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Lauretta K. Gaines* **Lauretta K. Gaines** *4/18/05* *352-429-4156*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #