


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90548 013 ***158.75

DOCUMENT # P99000063181	
1. Entity Name ALL FLORIDA PAINTING SERVICES, INC.	

Principal Place of Business 402 UNIVERSITY BLVD #3 DAYTONA BEACH, FL 32118	Mailing Address 402 UNIVERSITY BLVD #3 DAYTONA BEACH, FL 32118
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20035488



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3587828	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MORRONE, ANTHONY 402 UNIVERSITY BLVD #3 DAYTONA BEACH, FL 32118	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) 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 P	NAME JOHNSON, GARY
STREET ADDRESS 402 UNIVERSITY BLVD #3	CITY-ST-ZIP DAYTONA BEACH, FL 32118
TITLE ST	NAME MORRONE, ANTHONY
STREET ADDRESS 402 UNIVERSITY BLVD #3	CITY-ST-ZIP DAYTONA BEACH, FL 32118
TITLE NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS
CITY-ST-ZIP	

DO NOT WRITE 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)(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 807, 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: Anthony Morrone **SECRETARY** 4/14/05 386 253 9633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #