

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

07-27-2005 90049 014 \*\*\*150.00

10/01/05 10:00:00 AM 10/01/05 10:00:00 AM 10/01/05 10:00:00 AM 10/01/05 10:00:00 AM 10/01/05 10:00:00 AM

1st MOORE CR2E034 (10/04)

<b>DOCUMENT # P99000092332</b> 1. Entity Name <b>PRIME TIME PAINTING INC</b>					
Principal Place of Business <b>49 GARNETT BAYOU RD SANTA ROSA BEACH FL 32459</b>			Mailing Address <b>49 GARNETT BAYOU RD SANTA ROSA BEACH FL 32459</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	County	Zip	County	4. FEI Number <b>59-3606317</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FARRISH, AUDREY 804 CHURCHILL BAYOU RD. SANTA ROSA BEACH FL 32459</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)</small> <div style="float: right;">DATE _____</div>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GERLOFF, DORSIA D P.O. BOX 1965 N/A SANTA ROSA BEACH FL 32459</b> <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	<b>FERL OFF, MARION J P.O. BOX 1965 N/A SANTA ROSA BEACH FL 32459</b> <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	
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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: <i>Dorsia D Gerloff</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right;">         Date _____ Daytime Phone # _____       </div>					

ATTACHMENT

66027173

**DEAN GERLOFF**  
**Prime Time Painting, Inc.**  
**49 Garnett Bayou Road**  
**Santa Rosa Beach, Florida 32459**  
**(850) 267-3318**

August 23, 2005

Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

RE: P9900092332

Gentlemen:

I am requesting forgiveness of the penalty of \$400.00 as a late fee for filing my Annual Report.

I run a small business, and, as you know, we were blessed with hurricanes last fall and early this summer which cause much difficulty in my records-keeping and in my business itself. Mail was lost and delayed, and in many cases not delivered at all.

If I am forced to pay this penalty, I will probably have to go out of business, as the amount is punitive and impossible to pay at this time. Your consideration will be appreciated.

Very truly yours,



Dean Gerloff  
Prime Time Painting, Inc.



ATTACHMENT

66007172

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 29, 2005

PRIME TIME PAINTING INC  
49 GARNETT BAYOU RD  
SANTA ROSA BEACH, FL 32459

Subject: PRIME TIME PAINTING INC

Reference Number: P99000092332

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS  
ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314