


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Aug 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P99000111209	
<b>1. Entity Name</b> BLUE RIBBON PAINTERS, INC.	

<b>Principal Place of Business</b> 45 TOBACCO SINK RD. CRAWFORDVILLE, FL 32327	<b>Mailing Address</b> PO BOX 956 CRAWFORDVILLE, FL 32327
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**DO NOT WRITE IN THIS SPACE**

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07232005 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 59-3616462	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  PIERCE, ROBERT A 227 SOUTH CALHOUN ST. TALLAHASSEE, FL 32301	<b>DO NOT WRITE IN THIS SPACE</b>
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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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<p>11000000376028 08/09/05-80003-005 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PSTD TAFT, BRIAN K 41 FIVE ARCHOVS DR CRAWFORDVILLE, FL 32327	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VD TAFT, BRUCE 45 TOBACCO SINK RD. CRAWFORDVILLE, FL 32327	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		

**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:** Brian Taft Brian Taft President 8-4-05 850-996-8751  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #