

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**5 Jun 02, 2005 8:00 am
Secretary of State**

05-04-2005 90136 013 ***150.00

DOCUMENT # S16741 1. Entity Name SARASOTA PAINT COMPANY, INC.	
---	---

Principal Place of Business 2031 12 ST SARASOTA, FL 34237	Mailing Address 2031 12 ST SARASOTA, FL 34237
--	--

66020942



04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

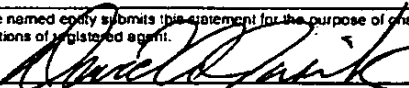
4. FEI Number 65-0225898	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JASIK, DAVID A 4633 ROBINHOOD TRAIL EAST SARASOTA, FL 34232

**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



Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

4-27-05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

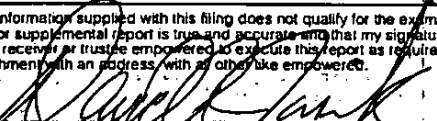
9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JASIK, DAVID, A 3025 ALTA VISTA ST SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JASIK, KRISTI J 3025 ALTA VISTA ST SARASOTA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:



Signature and typed or printed name of signing officer or director

4/27/05
Date Daytime Phone #