2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # S43065

1. Entity Name
PAUL WALLER PAINTING, INC.

Principal Place of Business	Mailing Address
2801 BLAIN ACRES ROAD PLANT CITY, FL 33563	2801 BLAIN ACRES ROAD PLANT CITY, FL 33563

DO NOT WRITE IN THIS SPACE

04202005   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0251990	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALLER, PAUL B.
2801 BLAIN ACRES ROAD
PLANT CITY, FL 33565

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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

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	PVD
NAME	WALLER, PAUL B
STREET ADDRESS	2801 BLAIN ACRES ROAD
CITY-ST-ZIP	PLANT CITY, FL 33565

TITLE	TSD
NAME	WALLER, CARLA J
STREET ADDRESS	2801 BLAIN ACRES ROAD
CITY-ST-ZIP	PLANT CITY, FL 33565

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/05-80015-018 150.00

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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: _Carla Waller_ Carla J. Waller - TSD   4/25/05   813-757-8399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #