

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90091 040 ***150.00

DOCUMENT # V19787

1. Entity Name
EVAN JONES DECORATING & PAINTING, INC.



Principal Place of Business
C/O BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DRIVE STE 100
MIAMI, FL 33126
XXXXXXXXXX

Mailing Address
5201 BLUE LAGOON DRIVE
STE 100
MIAMI, FL 33126
XXXXXXXXXX

50033461



2. Principal Place of Business
121 Alhambra Plaza
Suite, Apt. #, etc.
10th Floor

3. Mailing Address
121 Alhambra Plaza
Suite, Apt. #, etc.
10th Floor

01122005 Chg-P CR2E034 (10/03)

City & State
Coral Gables, FL
Zip
33134
Country
USA

City & State
Coral Gables, FL
Zip
33134
Country
USA

4. FEI Number
65-0334666
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAHAN, RICHARD J. ALAN
5201 BLUE LAGOON DRIVE
SUITE 100
MIAMI, FL 33126
XXXXXXXXXX

Name
Street Address (P.O. Box Number is Not Acceptable)
121 Alhambra Plaza
10th Floor
City **Coral Gables** **FL** Zip Code **33134**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JONES, EVAN W.
1353 SW 3RD ST
BOCA RATON, FL 33486 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JONES, CATHERINE
1353 SW 3RD ST
BOCA RATON, FL 33486 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #