


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # V53773	
1. Entity Name SUNBELT PAINTING CORPORATION	

Principal Place of Business 3560 ARBUTUS LN WINTER PARK, FL 32792	Mailing Address 3560 ARBUTUS LN WINTER PARK, FL 32792
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01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3132983	Applied For <input type="checkbox"/> Not Applicable
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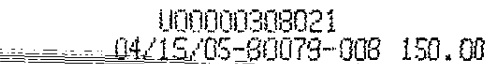


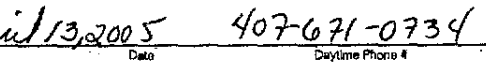
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent ZALLENICK, LEROY 3560 ARBUTUS LN WINTER PARK, FL 32792	DO NOT WRITE IN THIS SPACE
7. 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.	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE D	 DO NOT WRITE IN THIS SPACE
NAME ZALLENICK, LEROY	
STREET ADDRESS 3560 ARBUTUS LN	
CITY-ST-ZIP WINTER PARK, FL	
TITLE D	
NAME HIEATT, DONN	
STREET ADDRESS 3560 ARBUTUS LN	 DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP WINTER PARK, FL 32792	
TITLE VP	
NAME FREDERICK, IRVING E	
STREET ADDRESS 6415 STANWIN DR	
CITY-ST-ZIP APOPKA, FL 32712	
TITLE 	 DO NOT WRITE IN THIS SPACE
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	
NAME 	
STREET ADDRESS 	 DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP 	
TITLE 	
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Donn Hieatt* *April 13, 2005* *407-671-0734*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #