


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000144475

1. Entity Name
VICTOR CATANIA PAINTING, INC.



Principal Place of Business Mailing Address

2465 E. MARCIA 2465 E. MARCIA
 INVERNESS, FL 34453 US INVERNESS, FL 34453 US

DO NOT WRITE IN THIS SPACE



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
20-0439537 Not Applicable

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

6. Name and Address of Current Registered Agent

CATANIA, VICTOR F
 2465 E. MARCIA
 INVERNESS, FL 34453

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

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

U000000197207
 01/26/05-80103-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CATANIA, VICTOR F
STREET ADDRESS	2465 E. MARCIA
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	V
NAME	CATANIA, MARY E
STREET ADDRESS	2465 E. MARCIA
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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:  1-27-05 (382) 502-2397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #