

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000872

Entity Name: K.A.M. PAINTING, INC.

FILED  
Jan 12, 2005  
Secretary of State

**Current Principal Place of Business:**

5629 KIPPEN DR.  
EAST AMHERST, NY 14051

**New Principal Place of Business:**

**Current Mailing Address:**

5629 KIPPEN DR.  
EAST AMHERST, NY 14051

**New Mailing Address:**

FEI Number: 16-1406649

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAGGANAS, ANTONIS  
824 WINDWARD WAY  
PALM HARBOR, FL 34685 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MAGGANAS, PAULINE  
Address: 5629 KIPPEN DR.  
City-St-Zip: EAST AMHERST, NY 14051

Title: VP ( ) Delete  
Name: MAGGANAS, KOSTAS  
Address: 5629 KIPPEN DR.  
City-St-Zip: EAST AMHERST, NY 14051

Title: S ( ) Delete  
Name: MAGGANAS, ANTONIS  
Address: 824 WINDWARD WAY  
City-St-Zip: PALM HARBOR, FL 34685

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULINE MAGGANAS

PRES

01/12/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date