


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # F16226
 1. Entity Name
 A-1 PAINT, INC., OF PALM BEACH



Principal Place of Business 1018 5 AVENUE NORTH LAKE WORTH, FL 33460	Mailing Address 1018 5 AVENUE NORTH LAKE WORTH, FL 33460
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DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2060311	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EARL, WILLIAM E
 1018 5TH AVE N.
 LAKE WORTH, FL 33460

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000036340 02/06/04-80055-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EARL, WILLIAM E 1018 5TH AVE. NORTH LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EARL, BRIGITTE MAZYC 1018 5TH AVE. NORTH LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EARL, THOMAS L. 3141 LILLIAN RD. W PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EARL, ROGER A. 8866 ARROWHEAD DR. LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EARL, WILLIAM TODD 5112 4-H SOCIETY PL W. W PALM BCH., FL
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: *William E Earl* **W. William E Earl** 1-30-04 561-586-4779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #