


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # L11417 |  |
| 1. Entity Name FAITHFUL PAINTING SERVICE, INC. | |

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| Principal Place of Business TOLLEY, DAVID A 153 SAM MARKS RD CRAWFORDVILLE, FL 32327 US | Mailing Address TOLLEY, DAVID A. 153 SAM MARKS RD CRAWFORDVILLE, FL 32327 US |
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| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip |
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|---|---|
| 6. Name and Address of Current Registered Agent TOLLEY, DAVID A. 153 SAM MARKS RD. CRAWFORDVILLE, FL 32327 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|---|

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 _____

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| 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 |
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| 10. OFFICERS AND DIRECTORS | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | | | | | | | | | | | | | | |
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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)(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: David A. Tolley SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

FILED
04 APR 21 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04212004 Chg-P CR2E034 (10/03) 04

4. FEI Number
59-2996611

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

| |
|--|
| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
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SIGNATURE: David A. Tolley SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____