

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90032 017 \*\*\*150.00

**DOCUMENT # P0000050096**



1. Entity Name

**ALL IS WELL COMMERCIAL AND RESIDENTIAL PAINTING SERVICES INC.**

Principal Place of Business

**925 TURTLE CREEK DR N  
 JACKSONVILLE FL 32218**

Mailing Address

**925 TURTLE CREEK DR N  
 JACKSONVILLE FL 32218**

**34034484**



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3645359**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, EUGENE M  
 925 TURTLE CREEK DR N  
 JACKSONVILLE FL 32218**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00  
 Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	JOHNSON, EUGENE M	925 TURTLE CREEK DR. N.	JACKSONVILLE FL 32218	<input type="checkbox"/>
S	JOHNSON, DORETHA Y	925 TURTLE CREEK DR. N	JACKSONVILLE FL 32218	<input type="checkbox"/>
T	MILLER, MERCEDES	4339 FLINTSHIRE RD.	JACKSONVILLE FL 32208	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Darryl L. Johnson MD	4339 FLINTSHIRE Rd	JACKSONVILLE FL 32208	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	ERWIN E. Johnson	4339 FLINTSHIRE Rd	JACKSONVILLE FL 32208	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Eugene M. Johnson* / **EUGENE M. JOHNSON**

4/12/04 904-343-7206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #