


FILED
May 03, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P0000058370

1. Entry Name
PAINTERS FOR HIRE INC.



Principal Place of Business
**6704 HIGHLAND PINES CIRCLE
 FORT MYERS, FL 33912**

Mailing Address
**6704 HIGHLAND PINES CIRCLE
 FORT MYERS, FL 33912**



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3652910

Applied For
 Not Applicable

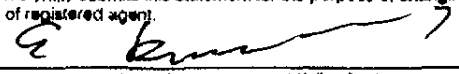
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KRANCLYKOWSKA, ELIBIETA
 6704 HIGHLAND PINES CIRCLE
 FORT MYERS, FL 33912**

**DO NOT WRITE
 IN THIS SPACE**

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  DATE _____

Signature, good or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$450.00**

9. Election Campaign Financing
 Trust Fund Contribution **\$5.00 May Be
 Added to Fees**

10 OFFICERS AND DIRECTORS

| | |
|-----------------|----------------------------|
| TITLE | V |
| NAME | KRAWCZYKOWSKA, ELZBIETA |
| STREET ADDRESS | 6704 HIGHLAND PINES CIRCLE |
| CITY - ST - ZIP | FORT MYERS, FL 33912 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

**DO NOT WRITE
 IN THIS SPACE**

0000014014
 04-28-04 08:00 AM

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 807, 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  DATE **04-28-04** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR