## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 15, 2004 08:00 AM Secretary of State **DOCUMENT # P02000058613** CONNOR PAINTING, INC. Principal Place of Business Mailing Address 888 NORDEN STREET N.W. 888 NORDEN STREET N.W. PALM BAY, FL 32907 PALM BAY, FL 32907 01292004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0636705 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCCARTHY, LAWRENCE DO NOT WRITE 888 NORDEN STREET N.W. PALM BAY, FL 32907 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when rainstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees U000000089601 10. OFFICERS AND DIRECTORS TITLE NAME MCCARTHY, LAWRENCE 888 NORDEN STREET N.W. STREET ADDRESS CITY-ST-ZIP PALM BAY, FL 32907 VP TITLE SOLOMAN, ROBERT L NAME 3610 DETROITER DRIVE STREET ADDRESS MELBOURNE, FL 32904 CITY-ST-ZIP POPHAM, TIMOTHY G NAME 117 WAYNE AVE. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP INDIALANTIC, FL 32903 IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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FILED