


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90185 012 ***158.75

DOCUMENT # P03000002624

1. Entity Name
ZANNINI PAINTING INC.



Principal Place of Business Mailing Address
 1948 SE PORT ST. LUCIE BLVD.
 PORT ST. LUCIE FL 34952 1948 SE PORT ST. LUCIE BLVD.
 PORT ST. LUCIE FL 34952

04003703



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
 1948 SE Port St. Lucie Blvd. 1948 SE Port St. Lucie Blvd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Port St. Lucie, Fl. Port St. Lucie, Fl.
 Zip Country Zip Country
 34952 St. Lucie 34952 St. Lucie

4. FEI Number Applied For
 02-0648671 Not Applicable

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

6. Name and Address of Current Registered Agent
ZANNINI, JOANNE
 1948 SE PORT ST. LUCIE BLVD.
 PORT ST. LUCIE FL 34952

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 _____

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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-----------------|------------------------------|-------------------------|---------------------------------|
| D | ZANNINI, JOANNE | 1948 SE PORT ST. LUCIE BLVD. | PORT ST. LUCIE FL 34952 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input 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: Joanne Zannini 4-23-04 772-335-4498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #