


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

05-03-2004 91236 036 ***150.00

DOCUMENT # P0300007945

1. Entity Name
A PREMIUM PAINTERS.COM, INC.



Principal Place of Business Mailing Address
10607 SOUTH EAST ROSEMARIE COURT **10607 SOUTH EAST ROSEMARIE COURT**
HOBE SOUND, FL 33455 US **HOBE SOUND, FL 33455 US**

66425132

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



03262004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
38-3674483 Not Applicable

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

RIZZO, DAVID
10607 SOUTH EAST ROSEMARIE COURT
HOBE SOUND, FL 33455

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 DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	P RIZZO, DAVID 10607 SOUTH EAST ROSEMARIE COURT HOBE SOUND, FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RIZZO, MICHAEL 10607 SOUTH EAST ROSEMARIE COURT HOBE SOUND, FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC RIZZO, MICHELE 10607 SOUTH EAST ROSEMARIE COURT HOBE SOUND, FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES CAMPESE, MARK 10607 SOUTH EAST ROSEMARIE COURT HOBE SOUND, FL 33455 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, ORVILLE 1197 S.E. ASTERWOOD PLACE STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, LARRY 134 WILLOWAY STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *[Signature]* Date **4/30/04** Daytime Phone # **772 545-2154**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR