## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 29, 2004 8:00 am Secretary of State DOCUMENT # P03000122379 1. Entity Name 04-29-2004 90351 043 \*\*\*150 00 RIVER KING PAINTING INC Principal Place of Business Mailing Address 930 KEMP RD 930 KEMP RD HAVANA FL 32333 HAVANA FL 32333 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 20-039 4070 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENFIELD, RON Street Address (P.O. Box Number is Not Acceptable) **58 SIOUX CIR** HAVANA FL 32333 City 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. President D'" TITLE ☐ Delete TITI F Change Addition | STEHMEYER, JOHN NAME NAME STREET ADDRESS 930 KEMP RD STREET ADDRESS CITY-ST-ZIE HAVANA FL 32333 CITY-ST-ZIP VITIS TITLE ☐ Delete TITLE Change Addition Rhonda Collins NAME NAME 930 Kemp La STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Harana, A 32333 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby 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

s, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

changed, or on an attachment with an address

SIGNATURE:

FILED