2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 14, 2004 8:00 am
Secretary of State
04-19-2004 90284 036 ***150.00

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DOCUMENT # P03000131734

1. Entity Name
PROFESSIONAL PAINTING, INC.

Principal Place of Business	Mailing Address
460 ROSE STREET UMATILLA, FL 32784	460 ROSE STREET UMATILLA, FL 32784

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip ____ Country ____	Zip ____ Country ____

04132004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0386063 ☐ Applied For ☐ Not Applic

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

6. Name and Address of Current Registered Agent

COOK, GENE A
460 ROSE STREET
UMATILLA, FL 32784

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 ac the obligations of registered agent.

SIGNATURE _____ 4/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 COOK, GENE A 460 ROSE STREET UMATILLA, FL 32784	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Ad
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WADE, EDWIN L 11331 NOTHERN AVENUE LEESBURG, FL 34778	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Ad
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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 informati 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 direc 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: