## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Danny C. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

## **Secretary of State DOCUMENT # P03000131994** 01-22-2004 90006 007 \*\*\*150.00 DANNY MARTIN PAINTING CONTRACTOR, INC. Principal Place of Business Mailing Address 101 NW 30TH STREET 101 NW 30TH STREET GAINESVILLE, FL 32607 GAINESVILLE, FL. 32607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 01152004 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State Not Applicable Country Zip Country \$8.75 Additional i. 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTIN, DANNY Street Address (P.O. Box Number is Not Acceptable) 101 NW 30TH STREET GAINESVILLE, FL 32607 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. agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTSD ☐ Change TITLE ☐ Delete TITLE ☐ Addition MARTIN, DANNY NAME NAME STREET ADDRESS 101 NW 30TH STREET STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32607 CITY-ST-ZIP ☐ 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 AD STREET ADDRES CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

Jan 22, 2004 8:00 am