2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000018127 1. Entity Name A-1 PAINTING INC.											FILE	
			•						0	4 MA	Y -5	M II: 48
Principal Place 701 E. COLLI TALLAHASSE	EGE AVE.		Mailing Address 701 E. COLLEGE AVE. TALLAHASSEE, FL 32301		•							-STATE FLORIDA
	_,	•					 			B1161 [1866] [186		
2. Principal Place of Business			3. Mailing Address					THE PERSON NAMED IN COLUMN 1				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				05052004	Chg-P		CR2E0	34 (10/03)	
City & State			City & State				4. FEI Numb					plied For
Zip	Country		Zip Cour		ntry				sired		\$8.75 Add	litional
	6. Name	and Address of Curren	t Registered Agent	7. Name and Address of New Registered Agent Name								
GRIFFIN, JOHN 701 E. COLLEGE AVE. TALLAHASSEE, FL. 32301						ddress (P.O. Box Numb	er is Not Acc	eptable)			
	Ą				City			•			Zip Cod	
8. The above	named entity	submits this statement	for the purpose of changing	ı its registe	· '	r register	ed agent or bo	oth in the Stat	e of Florin	FL da Lam f		
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 ager	ed Agent signat	ure required	when reinstating)			DATE				
		FEE IS \$550.00 tember 8, 2004	9. Election Car Trust Fund (\$5 . Add	.00 May Be ed to Fees					
10.	1 :	OFFICERS ANI		11			ADDITIONS	/CHANGES T	O OFFIC	ERS AND		
TITLE NAME	GRIFFIN,		☐ Delete	TIT: NAI			, /	/ A.	_		☐ Change	☐ Addition
STREET ADDRESS 7 € COLLEGE AVE CITY-ST-ZIP TALLAHASSEE, FL 32301					REET ADDRESS Y-ST-ZIP	70	1 E. G.1	rege 174	r.		• .	
TITLE	COO	TOMAY	☐ Delete	· TIT							☐ Change	☐ Addition
NAME STREET ADDRESS	i	LLEGE AVE		me Reet address		2(05/12	DOO:3 2/040:	1 61: 1024	870 -003	172 **300.	00	
CITY-ST-ZIP	TALLAHA	TIT	Y-ST-ZIP LE						☐ Change	☐ Addition		
NAME STREET ADDRESS			Delete	NAI STE	ME REET ADDRESS						_ ,	
CITY-ST-ZIP					Y-ST-ZIP							
TITLE NAME			☐ Delete	TIT NAI							☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP					REET ADDRESS Y-ST-ZIP							
TITLE NAME		•	☐ Delete	TIT NAI				·			☐ Change	☐ Addition
STREET ADDRESS				STF	ME REET ADORESS Y-ST-ZIP							
TITLE	<u> </u>		☐ Delete	TIT	LE		•			-	☐ Change	Addition
NAME · STREET ADDRESS CITY-ST-ZIP					ME REET ADORESS 'Y-ST-ZIP							
12. I hereby indicated	l on this repor	rt or supplemental report	ith this filing does not qualit is true and accurate and the	y for the ex	emption sta ature shall h	ave the	same legal effe	ct as if made	under oa	th; that I a	ım an officer	or director
			powered to execute this re i, with all other like empower		uired by Cha	apter 607	r, Florida Statut	es; and that n	ny name a	appears ir	Block 10 o	Block 11 if
SIGNAT	TURE: 🛓	SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFF	,> ICER OR DIREC	CTOR		<u></u>	dpril Date	י אַצ	4004	280 aytime Phone #	PAC3