2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED . Jan 24, 2004 08:00 AM **DOCUMENT # V08235 Secretary of State** 1. Entity Name GEMCO PAINTING, INC. Principal Place of Business Mailing Address 6145 JOHNSON ST. 6145 JOHNSON ST. HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024 01072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 65-0309623 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GEMMA, NANCY DO NOT WRITE 2041 N.W. 84TH TERR PEMBROKE PINES, FL 33024 IN THIS SPACE 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 title if applicable. (NOTE, Registered Agent signature required when reinstaking) DATE. **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE GEMMA, ROBERT C NAME 6145 JOHNSON ST. STREET ADDRESS U00000013779 01/26/04-80067-017 150.00 CITY ST ZIP HOLLYWOOD, FL 33024 TITLE NAME GEMMA, NANCY STREET ADDRESS 6145 JOHNSON ST. CITY-ST-ZIP HOLLYWOOD, FL 33024 TITLE HAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIDE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

tion supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the information lemental 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 or 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 with an address, with all other tipe empowered. 12. I hereby certify that the informinglicated on this report or suit

SIGNATURE:

DΠE NAME STREET ADDRESS CITY-ST-ZIP