

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90015 004 \*\*\*150.00

**DOCUMENT # P03000144182**

1. Entity Name  
**A AND J QUALITY COATINGS AND PRESSURE  
WASHING, INC.**



Principal Place of Business  
**2607 NW 49TH PLACE  
GAINESVILLE, FL 32605**

Mailing Address  
**2607 NW 49TH PLACE  
GAINESVILLE, FL 32605**

2. Principal Place of Business  
**2607 NW 49th Pl.**  
Suite, Apt. #, etc.

3. Mailing Address  
**2607 NW 49th Pl.**  
Suite, Apt. #, etc.



04122004 Chg-P CR2E034 (10/03)

City & State  
**Gainesville, FL**  
Zip  
**32605** Country  
**USA**

City & State  
**Gainesville, FL**  
Zip  
**32605** Country  
**USA**

4. FEI Number  
**33-1073158** Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TAVAKOULI, AMY P  
2607 NW 49TH PLACE  
GAINESVILLE, FL 32605**

**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 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 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**

TITLE **P** ☐ Delete  
NAME **TAVAKOULI, AMY PAIGE**  
STREET ADDRESS **2607 N.W. 49TH PLACE**  
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE **V** ☐ Delete  
NAME **TAVAKOULI, KOURUSH**  
STREET ADDRESS **2607 N.W. 49TH PLACE**  
CITY-ST-ZIP **GAINESVILLE, FL 32605**

TITLE **S** ☐ Delete  
NAME **CUNDIFF, SANDRA L**  
STREET ADDRESS **AAA #36 CAMP SUMMIT ROAD**  
CITY-ST-ZIP **EQUINUNK, PA 18417**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

**SIGNATURE:** *Amy Savakouli*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04 352-331-3343  
Date Daytime Phone #