

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90345 043 \*\*\*150.00

**DOCUMENT # P01000033073**  
 1. Entity Name  
 MARK ALBRIGHT SPRAY TEXTURES, INC.



Principal Place of Business: 110 EUCLID BLVD. LANTANA, FL 33462  
 Mailing Address: 110 EUCLID BLVD. LANTANA, FL 33462

**14015308**

2. Principal Place of Business: 162 NEPTUNE DRIVE  
 Suite, Apt. #, etc.

3. Mailing Address: 162 NEPTUNE DRIVE  
 Suite, Apt. #, etc.



01222004 Chg-P CR2E034 (10/03)

City & State: LANTANA, FLORIDA

4. FEI Number: 65-1091410  
 Applied For: Not Applicable

Zip: 33462 Country: U.S.

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

6. Name and Address of Current Registered Agent:

7. Name and Address of New Registered Agent

ALBRIGHT, MARK C  
 110 EUCLID BLVD.  
 LANTANA, FL 33462

Name: MARK ALBRIGHT  
 Street Address (P.O. Box Number is Not Acceptable):  
 162 NEPTUNE DRIVE  
 City: LANTANA FL Zip Code: 33462

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 NAME STREET ADDRESS CITY-ST-ZIP	P ALBRIGHT, MARK C 110 EUCLID BLVD. LANTANA, FL 33462 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARK ALBRIGHT 162 NEPTUNE DRIVE LANTANA, FL. 33462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4/27/04 Daytime Phone #