


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2004 8:00 am**  
**Secretary of State**

08-16-2004 90013 030 \*\*\*550.00

<b>DOCUMENT # P00000034462</b>		
1. Entity Name <b>N.E. &amp; E. PAINT CORPORATION</b>		

Principal Place of Business <b>107 BEECHWOOD LANE PALM COAST, FL 32137</b>	Mailing Address <b>PO BOX 354605 PALM COAST, FL 32135-4605</b>
---	---

**44051877**

2. Principal Place of Business <b>164 BRITTANY LANE</b>	3. Mailing Address Suite, Apt. #, etc.
--	---

City & State <b>PALM COAST FL</b>	City & State
Zip <b>32137</b>	Country <b>USA</b>




07082004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3634295</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>FEDELE, MARTHA J 2 OFFICE PARK DR SUITE A-3 PALM COAST, FL 32137</b>	
--	--

7. Name and Address of New Registered Agent Name <b>MARTHA FEDELE</b> Street Address (P.O. Box Number is Not Acceptable) <b>5095 US HIGHWAY 1 SOUTH</b> City <b>ST AUGUSTINE</b> FL Zip Code <b>32086</b>	
--	--

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 	DATE <b>July 30, 2004</b>

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDS POMARES, NESTOR M 107 BEECHWOOD LANE PALM COAST, FL 32137</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BUSTAMANTE, EUGENIO 1225 ESSEX ROAD DAYTONA BEACH, FL 32117</b> <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 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDS POMARES, NESTOR M 164 BRITTANY LANE PALM COAST FL 32137</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BUSTAMANTE, EUGENIO 10 WHITE DOVE LANE PALM COAST FL 32164-7247</b> <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
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

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

**7-30-04**

Date

**(386) 503-6115**

Daytime Phone #