


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-16-2004 90041 005 \*\*\*150.00

<b>DOCUMENT # 286288</b>	
1. Entity Name <b>M &amp; D PAINT SUPPLY COMPANY</b>	

Principal Place of Business <b>3351 PLYMOUTH ST JACKSONVILLE FL 32205</b>	Mailing Address <b>3351 PLYMOUTH ST JACKSONVILLE FL 32205</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-1084748</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>SMITH, JOEL R 3351 PLYMOUTH ST JACKSONVILLE FL 32205</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	HOLBROOK, H LEON
STREET ADDRESS	3351 PLYMOUTH ST
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	PDT <input type="checkbox"/> Delete
NAME	SMITH, JOEL R
STREET ADDRESS	3351 PLYMOUTH ST
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	DV <input type="checkbox"/> Delete
NAME	SMITH, BEVERLY L
STREET ADDRESS	3351 PLYMOUTH ST
CITY-ST-ZIP	JACKSONVILLE, FL 00000
TITLE	V <input type="checkbox"/> Delete
NAME	SMITH, JOEL R., JR.
STREET ADDRESS	3351 PLYMOUTH ST.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	S <input type="checkbox"/> Delete
NAME	VICKERS, IRENE
STREET ADDRESS	3351 PLYMOUTH ST.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:** *Joel R Smith* (Joel R Smith) **3/12/04** **9043873548**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #