

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 457202			
1. Entry Name KOWAL PAINTING, INC.			
Principal Place of Business 6716 DEERING CIRCLE SARASOTA, FL 34240 US		Mailing Address 46 N. WASHINGTON BLVD. #1 SARASOTA, FL 34236 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent LPS CORPORATE SERVICES, INC. 48 N. WASHINGTON BLVD. SUITE 1 SARASOTA, FL 34236		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 transferring)			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KOWAL, RONALD J. 6716 DEERING CIRCLE SARASOTA, FL 34240 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERTHELSON, RICHARD I 6716 DEERING CIRCLE SARASOTA, FL 34240 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300039692653 07/29/04--01041--003 **61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALBRITTON, ROGER A 6716 DEERING CIRCLE SARASOTA, FL 34240 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DRAKE, RICHARD C. 6716 DEERING CIRCLE SARASOTA, FL 34240 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 507, 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: <u>Ronald J. Kowal, Pres.</u>		(941) 342-8561	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RONALD J. KOWAL, President		Date: <u>7/8/04</u> Daytime Phone #	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07082004 Chg-P CR2E034 (10/03)

4. FEI Number
59-1499528 Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required