2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# 587106

Entity Name: LONG ISLAND PAINTING COMPANY

Current Principal Place of Business:

8339 DUOMO CIR
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

8339 DUOMO CIR
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 59-2249900 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRIGONA, SALVATORE
8339 DUAMO CIR
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

TRIGONA, SALVATORE
8339 DUOMO CIR
BOYNTON BEACH, FL 33437 US

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.

SIGNATURE: 01/06/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TRIGONA, SALVATORE,
Address: 8339 DUOMO CIR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: ST ( ) Delete
Name: TRIGONA, SALVATORE,
Address: 8339 DUOMO CIR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: MEILING, WILLIAM D
Address: 8339 DUOMO CIR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP ( ) Change (X) Addition
Name: THOMPSON, WILLIAM
Address: 8339 DOUMO CIR
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALVATORE TRIGONA PD 01/06/2004
Electronic Signature of Signing Officer or Director — Date