

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 MAY 21 PM 3: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 689084 . . .	
1. Entity Name M & S PAINTING AND WATERPROOFING SPECIALISTS, INC.	

Principal Place of Business 4725 W CONCORD AVE P O BOX 951772 LAKE MARY, FL 32795	Mailing Address P O BOX 951772 P O BOX 951772 LAKE MARY, FL 32795-1772 US
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DO NOT WRITE IN THIS SPACE



02092004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2026128	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent YOUNG, MICHAEL ANTHONY 477 ALINOLE LOOP LAKE MARY, FL 32746

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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 filer (applicant).	DATE _____ (DATE: Registered Agent Signature required when rechartering)
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT YOUNG, MICHAEL ANTHONY 477 ALINOLE LOOP LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS YOUNG, SHERRY BOOTH 477 ALINOLE LOOP LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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100037045571
05/24/04--01079--012 **\$550.00

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5/21*

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	5/14/04 407/291-9595 Date Digitize Phone #
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