

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90192 006 ***150.00

DOCUMENT # 848185

1. Entity Name
JAMES J. SMITH & SONS PAINTING, INC.



Principal Place of Business

**136 E. MADISON ST.
P.O. BOX 282
GREENCASTLE, PA 17225**

Mailing Address

**136 E. MADISON ST.
P.O. BOX 282
GREENCASTLE, PA 17225**

240000 - -



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-1741172	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MYERS, JOHN H.
1734 MAIN STREET
SARASOTA, FL 33578**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, JERRY L PO BOX 35 N/A GREENCASTLE, PA 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TOSTEN, SHARON A 8023 MOLLY PITCHER HWY GREENCASTLE, PA 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP SMITH, JAMES G P.O. BOX 263 GREENCASTLE, PA 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, THELMA E 136 E.MADISON ST. GREENCASTLE, PA 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, RICHARD J 136 E.MADISON ST APTS #2 11213 Williamsport GREENCASTLE, PA 17225 Pike
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Sharon A Tosten

Sharon A Tosten

4/26/04

717-597-7446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #