2004 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

Jan 16, 2004 08:00 AM-DOCUMENT # F43314 **Secretary of State** INDIAN RIVER PAINT COMPANY Mailing Address Principal Place of Business 2865 KIRBY AVENUE PALM BAY, FL 32905 2865 KIRBY AVENUE PALM BAY, FL 32905 CR2E034 (10/03) 01142004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2140047 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FARRIOR, CRAIG 2278 WHITESIDE AVE. S.E. PALM BAY, FL 32909 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. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS 10. TITLE FARRIOR, CRAIG NAME STREET ADDRESS 2278 WHITESIDE AVE, SE CITY-ST-ZIP PALM BAY, FL 100000000000007 01/16/04-80017-015 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 cath; 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.

FILED