


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90654 033 ***150.00

DOCUMENT # F74288
 1. Entity Name
JOHN C. HARRIS PAINTING, INC.




Principal Place of Business Mailing Address
 % JOHN C. HARRIS % JOHN C. HARRIS
 3400 MORRIS ST. 3400 MORRIS ST.
 ST. PETERSBURG, FL 33713 ST. PETERSBURG, FL 33713

94080568

2. Principal Place of Business 3. Mailing Address
6581 43rd St. N. **6581 43rd St. N.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#1505 **#1505**

City & State City & State
Pinellas Park 33781 **Pinellas Park FL 33781**
 Zip Country Zip Country
33781 USA **33781 USA**



04292004 Chg-P CR2E034 (10/03)
 4. FEI Number Applied For
59-2583191 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HARRIS, JOHN C.
6047 72ND ST. N.
SAINT PETERSBURG, FL 33709

7. Name and Address of New Registered Agent
 Name **JEROME BARRETT**
 Street Address (P.O. Box Number is Not Acceptable)
2981 CASTLE WOODS LANE
CLEARWATER
 City **FL** Zip Code **33759**

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  **JEROME E. BARRETT** **4/29/04**
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 HARRIS, JOHN C 806 CORDOVA GREENS LARGO, FL 33777 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRIS, PATRICIA A 806 CORDOVA GREENS LARGO, FL 33777 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARRETT JR., JEROME E 6047 72ND ST NO. SAINT PETERSBURG, FL 33709 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, D 2981 CASTLE WOODS LANE CLEARWATER FL 33759 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 2981 CASTLE WOODS LANE CLEARWATER FL 33759 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BARRETT, KAREN 2981 CASTLE WOODS LANE CLEARWATER FL 33759 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  **4/29/04** **727-522-6356**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #