

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F81703

Entity Name: PAUL PAINTING, INC.

FILED  
May 01, 2004  
Secretary of State

**Current Principal Place of Business:**

3616 CENTURY BLVD.  
LAKELAND, FL 33811

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5002  
LAKELAND, FL 33811

**New Mailing Address:**

FEI Number: 59-2201742

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCOTT H. LANGSTON  
107 S. FLORIDA AVE  
LAKELAND, FL 33801 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PAUL, TIMOTHY G.,  
Address: 5809 SPRING LAKE DR.  
City-St-Zip: LAKELAND, FL

Title: VP ( ) Delete  
Name: PAUL, KENNETH  
Address: 5809 SPRING LAKE DR  
City-St-Zip: LAKELAND, FL

Title: VP ( ) Delete  
Name: PENN, WILLIAN  
Address: 4502 LAKELAND HIGHLANDS RD  
City-St-Zip: LAKELAND, FL 33813

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: TIMOTHY G. PAUL

PD

05/01/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date