

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F91277 1. Entity Name SUMMERS PROFESSIONAL PAINTING, INC.	
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Principal Place of Business 8897 SW 129TH TERR MIAMI, FL 33176 US	Mailing Address 8897 SW 129TH TERR MIAMI, FL 33176 US
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DO NOT WRITE IN THIS SPACE



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2384949	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CATLIN, H JAMES JR
1700 ALFRED I DUPONT BLDG
169 E FLAGLER ST
MIAMI, FL 33131**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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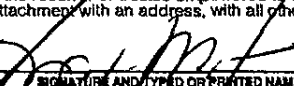
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MULSHINE, ANDY 8897 SW 129TH TERR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VALDES, ALBERTO 8897 SW 129TH TERR MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLON, SUSAN 8897 SW 129TH TERR MIAMI, FL 33176
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/03/04-80006-005 150.00

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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:  **Andrea Mulshine** 1/27/04 305-232-1527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #