


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State


02-24-2004 90011 011 ***150.00

DOCUMENT # F93000003428	
1. Entity Name PEACOCK'S PAINT CENTER, INC.	

Principal Place of Business 2120 NE 2ND STREET GAINESVILLE FL 32609 US	Mailing Address PO BOX 3085 VALDOSTA GA 31604-3085
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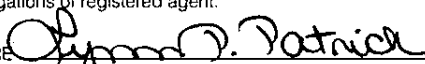
2. Principal Place of Business 2134 NW 6th Street Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Gainesville, FL	City & State
Zip 32609	Country USA

	
MOORE CR2E034 (11/03)	
4. FEI Number 58-1566132	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 PATRICK, LYNN 2120 NE 2ND STREET GAINESVILLE FL 32609	
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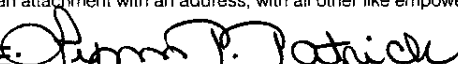
7. Name and Address of New Registered Agent Name Patrick, Lynn Street Address (P.O. Box Number is Not Acceptable) 2134 NW 6th Street City Gainesville FL Zip Code 32609	
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8. The above named entity submits this statement for the purpose of changing its 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.	DATE 2/13/04 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP PEACOCK, THOMAS QUITMAN GA 31643 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PATRICK, LYNN 7518 ZEIGLER ROAD LAKE PARK GA 31636 <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	CP Peacock, Thomas 805 Crosbytown Rd Quitman GA 31643 <input checked="" type="checkbox"/> Change <input 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
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 2/13/04 Daytime Phone # (229) 244-2263