


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**

2. Principal Place of Business: **2134 NW 6th Street**
 Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: **Gainesville, FL**
 Zip: **32609** Country: **USA**



MOORE CR2E034 (11/03)
 4. FEI Number: **58-1566132**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PATRICK, LYNN
2120 NE 2ND STREET
GAINESVILLE FL 32609

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** State: **FL** Zip Code: **32609**

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: *Lynn P. Patrick* Date: **2/13/04**
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	PEACOCK, THOMAS	
STREET ADDRESS		
CITY-ST-ZIP	QUITMAN GA 31643	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PATRICK, LYNN	
STREET ADDRESS	7518 ZEIGLER ROAD	
CITY-ST-ZIP	LAKE PARK GA 31636	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peacock, Thomas	
STREET ADDRESS	805 Crosbytown Rd	
CITY-ST-ZIP	Quitman GA 31643	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Lynn P. Patrick* Date: **2/13/04** Daytime Phone #: **(229) 244-2763**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #