ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # G07436

1. Entity Name

SUNSHINE BRIGHT PAINTING & WATERPROOFING COMPANY, INC.



FILED
Jan 20, 2004 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

7100 SUNSHINE SKYWAY LANE SAINT PETERSBURG, FL 33711 U 7100 SUNSHINE SKYWAY LANE SAINT PETERSBURG, FL 33711

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No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2223940

01132004

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARGER, BRUCE, ESQ. FLORIDA REDERAL BUILDING 360 CENTRAL AVE, SUITE 1500 ST. PETERSBURG, FL 33701

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ST. PETERSBURG, FL 33701			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					
Signature, typoid or printed name of registered agent and talls if applicable, (NOTE: Registered Agent signature required when retraining) DATE					
FILE NOWIN FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			.F:
TITLE NAME	SD CONSOLI, MARY				
STREET ADDRESS	7100 SUNSHINE SKYWAY LANE S.		•		
CXTY-ST-ZIP	SAINT PETERSBURG, FL 33741				
THEE	PD		l		UCCCCCCC7749 01/20/04-80007-019 150.00
NAME STREET ADDRESS	CONSOLI, ROBERT P. 7100 SUNSHINE SKYWAY LANE S.				01/20/04-80007-019 150.00
CITY-ST-ZIP	SAINT PETERSBURG, FL 33741				
TITLE			l		
NAME			•		
STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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TITLE					
NAME STREET ADDRESS					
City-SI-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 eath, that I am an officer or director of the corporation or the reserver 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 chapted or my an attachment with an address, with all other like empowered.					

SIGNATURE: MALTURE AND TIPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR