## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 09, 2004 8:00 am Secretary of State DOCUMENT # G76317 1. Entity Name 04-09-2004 90027 019 \*\*\*150.00 PEDRERO PAINTING, INC. Principal Place of Business Mailing Address 3121 VESPER AVENUE 3121 VESPER AVENUE 24040---SARASOTA, FL 34232 US SARASOTA, FL 34232 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2353539 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required = 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEDRERO, RAYMOND Street Address (P.O. Box Number is Not Acceptable) 3121 VESPER AVENUE SARASOTA, FL 34232 City Zip Code 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 Forida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE ☐ Change Addition PEDRERO, RAYMOND NAME NAME STREET ADDRESS 3958 SO. SHADE AVE. STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP TITI F Delete TITLE ■ Addition ☐ Change NAME PEDRERO, MARCUS NAME 3110 ELMER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, EL .... CITY\_ST-ZIP\_ TITLE 🗷 Delete TITLE ☐ Change ☐ Addition NAME PEDRERO, MICHAEL NAME STREET ADDRESS 3110 ELMER STREET STREET ADDRESS CITY-ST-ZIP SARASOTA, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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: & ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-5-2004 92

**FILED**