


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90018 041 ***150.00

DOCUMENT # H35289 1. Entity Name- JOHN MAVRIDIS PAINTING, INC.			
Principal Place of Business C/O JOHN MAVRIDIS 1600 TALLAHASSEE STREET TARPON SPRINGS FL 34689		Mailing Address C/O JOHN MAVRIDIS 1600 TALLAHASSEE STREET TARPON SPRINGS FL 34689	
2. Principal Place of Business 716 Wesley Ave Suite, Apt. #, etc. 716 Unit 8 City & State Tarpon Springs Zip 34689 Country PineLLAS		3. Mailing Address 4621 TROPICAL LANE Suite, Apt. #, etc. City & State HOLIDAY FLA Zip 34690 Country PASCAGO	
4. FEI Number 59-1872036		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 MAVRIDIS, JOHN 1600 TALLAHASSEE STREET TARPON SPRINGS FL 34689		7. Name and Address of New Registered Agent Name Robert Fuller Street Address (P.O. Box Number is Not Acceptable) 4621 TROPICAL LANE City HOLIDAY FL Zip Code 34690	
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 \$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.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input checked="" type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	DPTS MAVRIDIS, JOHN 1600 TALLAHASSEE DRIVE TARPON SPRINGS FL	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	DPTS Robert Fuller 4621 TROPICAL LANE HOLIDAY FLA 34690
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	DPTS Robert Fuller 4621 TROPICAL LANE HOLIDAY FLA 34690	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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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: Robert Fuller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04
Date

Daytime Phone #