

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90005 035 \*\*\*150.00

<b>DOCUMENT # H61498</b> 1. Entity Name <b>PHOENIX PAINTING COMPANY</b>					
Principal Place of Business <b>2220 10TH ST. SE LARGO, FL 33771 US</b>			Mailing Address <b>2220 10TH ST. SE LARGO, FL 33771 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. 		3. Mailing Address Suite, Apt. #, etc. 		<b>94045602</b>  <b>% &gt; 2 - 0 5 4 6 6 6 6 6 F &amp;</b>	
City & State 		City & State 		4. FEI Number <b>59-2541172</b>	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GEIGER, SUSAN J EA 9996 SEMINOLE BLVD SEMINOLE, FL 33772</b>				7. Name and Address of New Registered Agent Name <b>RAYMOND E. WASSER, CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>180 MAPLE DRIVE</b> City <b>SATELLITE BEACH</b> <b>FL</b> Zip Code <b>32937</b>	
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 <u><i>Raymond E. Wasser</i></u> <b>RAYMOND E. WASSER, CPA</b> <b>3/23/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PICKARD, CARL 13500 LAS PALMAS DRIVE LARGO, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FELICIONE, THERESA 1660 LANEY DR PALM HARBOR, FL 34683	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PICKARD, BRAIN 10540 77TH TERR N UNIT 109 SEMINOLE, FL 33772	<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			
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.			<b>SIGNATURE: <u><i>Raymond E. Wasser</i></u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
			<b>3/31/04 (727) 581-1880</b> <small>Date Daytime Phone #</small>		