


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # J09018 1. Entity Name C R S PAINTING INC.	
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Principal Place of Business CRS PAINTING INC 945 TUSCAWILLA RD WINTER SPRING, FL 32708 US	Mailing Address CRS PAINTING INC 945 TUSCAWILLA RD WINTER SPRINGS, FL 32708 US
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DO NOT WRITE IN THIS SPACE



02112004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2705867	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SELSOR, CHARLES R.
945 TUSKAWILLA RD.
WINTER SPRING, FL 32708

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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST SELSOR, CHARLES R. 945 TUSKAWILLA RD. WINTER SPRINGS, FL
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02/19/04-80056-025 150.00

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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: Charles R. Selsor CHARLES R SELSOR 16 FEB 04 699 0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #