

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # J16632

1. Entity Name
TAMPA TRUCK PAINTING, INC.



Principal Place of Business
% PATRICK F. SPRAGUE
1904 EAST BUSCH BOULEVARD
TAMPA, FL 33612

Mailing Address
% PATRICK F. SPRAGUE
1904 EAST BUSCH BOULEVARD
TAMPA, FL 33612

DO NOT WRITE IN THIS SPACE



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2679538

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPRAGUE, PATRICK F.
1904 EAST BUSCH BOULEVARD
TAMPA, FL 33612

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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 re-registering)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
SMITH, ALFRED E.
6531 SENEGAL PALM WAY
APOLLO BCH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SMITH, MICHAEL E.
6531 SENEGAL PALM WAY
APOLLO BCH, FL 33572

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
SMITH, CYNTHIA
6531 SENEGAL PALM WAY
APOLLO BEACH, FL 33572

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UD00000032378
02/05/04-80001-005 150.00

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IN THIS SPACE**

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 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:

Cynthia Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/04
Date

813-677-1744
Daytime Phone #