


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J32236</b> 1. Entity Name COVERT PAINTING, INC.	
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Principal Place of Business % KAREN S. COVERT 3258 YOTHERS RD. APOPKA, FL 32712	Mailing Address % KAREN S. COVERT 3258 YOTHERS RD. APOPKA, FL 32712
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<b>DO NOT WRITE IN THIS SPACE</b>
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03022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2716326	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  COVERT, KAREN S 3258 YOTHERS ROAD APOPKA, FL 32712
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<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</b> May Be Added to Fees	U00000077099 03/05/04-88828-017 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSM COVERT, KAREN 3258 YOTHERS ROAD APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COVERT, JAMES L 3258 YOTHERS ROAD APOPKA, FL 32712
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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)(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:** Karen Covert **3/2/04** **(407) 880-1717**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #