

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90038 009 ***150.00

DOCUMENT # J50748

1. Entity Name
RUSSELL MAY PAINTING, INC.



Principal Place of Business
% DEE D. REITER
725 BLACKSTONE BLDG.
JACKSONVILLE, FL 32202

Mailing Address
% DEE D. REITER
725 BLACKSTONE BLDG.
JACKSONVILLE, FL 32202

54019592



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2748351

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REITER, DEE D.
725 BLACKSTONE BLDG.
JACKSONVILLE, FL 32202

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	MAY, RUSSELL
STREET ADDRESS	31 SAN PABLO CIRCLE SO.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	<i>V.P.</i>
NAME	<i>J. Russell MAY III</i>
STREET ADDRESS	<i>31 SAN PABLO CIRCLE South</i>
CITY-ST-ZIP	<i>JACKSONVILLE, FL 32250</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: *Russell May* **Russell MAY PST 2-2-04 904.5689669**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #