


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90030 033 \*\*\*150.00

|   |  |         |   |   |  |
|---|--|---------|---|---|--|
| <b>DOCUMENT # J53502</b><br>1. Entity Name<br><b>MANOLIS PAINTERS, INC.</b>   |  |         |   |    |  |
| Principal Place of Business<br><b>2908 47TH AVE S<br/>WEST PALM BEACH, FL 33415</b>   |  |         | Mailing Address<br><b>2908 47TH AVE S<br/>WEST PALM BEACH, FL 33415</b>   |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |         | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |  |
| City & State  |  |         | City & State  |   |  |
| Zip   |  | Country |   | Zip   |  |
| Country   |  | Country |   | 01262004    Chg-P    CR2E034 (10/03)  |  |
| 4. FEI Number<br><b>59-2751379</b>  |  |         |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |         |   | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MANOLIS, BILL<br/>2908 47TH AVENUE SOUTH<br/>WEST PALM BEACH, FL 33415</b>  |  |         |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |
| 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 raising) DATE _____   |  |         |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>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 |   |  |
| 10. OFFICERS AND DIRECTORS  |  |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D <input type="checkbox"/> Delete<br><b>MANOLIS, BILL<br/>2908 47TH AVE S<br/>W PALM BEACH, FL</b> |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D <input type="checkbox"/> Delete<br><b>MANOLIS, JOHN<br/>2910 47TH AVE S<br/>W PALM BEACH, FL</b> |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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:</b> <u>Bill Manolis</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |         |   |   |  |
| <small>Date Daytime Phone #</small>   |  |         |   |   |  |