


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L35980 |  |
| 1. Entity Name TIM'S PAINTING & PAPERING, INC. | |

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|--|--|
| Principal Place of Business C/O CHARLES J. BARTLETT 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237 | Mailing Address C/O CHARLES J. BARTLETT 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237 |
|--|--|

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

| | |
|---|-------------------------------|
| 4. FEI Number 65-0166466 | 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

BARTLETT, CHARLES J.
2033 MAIN STREET
SUITE 600
SARASOTA, FL 34236

**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 reinstating) 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 | U000000046259 02/11/04-80095-014 150.00 |
|---|--|--|

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KOWAL, TIM 4540 PERRY RIDGE PL SARASOTA, FL 34233 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KOWAL, DEBORAH 4540 PERRY RIDGE PL SARASOTA, FL 34233 |
| 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: Tim Kowal Tim Kowal 2/7/04 (941) 921-1229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #