


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90469 036 ***150.00

DOCUMENT # L57603	
1. Entity Name WINSOME PAINTING, INC.	

Principal Place of Business % JOSEPH A. FASANELLI 4706 E ROBINHOOD TR SARASOTA FL 34232 US	Mailing Address % JOSEPH A. FASANELLI 4706 E ROBINHOOD TR SARASOTA FL 34232 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent FASANELLI, JOSEPH A. 4706 E. ROBINHOOD TRAIL SARASOTA FL 34232	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FASANELLI, JOSEPH A. 4706 E ROBINHOOD TR SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FASANELLI, ANTHONY J. 5212 TURTLE CREEK LANE SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.

SIGNATURE: Joseph A. Fasanelli JOSEPH A. FASANELLI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

~~Attachment~~

524053665

L57603

WINSOME PAINTING, INC.
4706 E. Robinhood Trail
Sarasota, FL 34232

May 4, 2003

Division Of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

Dear Sirs:

I am writing in regards to my annual filing due on May 1st. I am the bookkeeper for Winsome Painting, Inc. and I am responsible for paying all the bills. Unfortunately, I became ill and had to be rushed to the hospital. I spent a week in the hospital. The bills were not paid including my annual filling. I am asking that you not charge me the \$550.00 late fee. I have never been late in past years. I have enclosed a check for \$150.00. Please accept this payment.

If you have any questions, please contact me at 941-377-5783. I apologize for any inconvenience this may have caused.

Sincerely,



Linda Fasanelli
Bookkeeper