

2004 FOR PROFIT CORPORATION ANNUAL REPORT

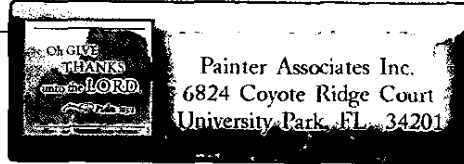
FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90290 016 ***158.50

DOCUMENT # L94832

1. Entity Name

PAINTER ASSOCIATES, INC.



Painter Associates Inc.
6824 Coyote Ridge Court
University Park, FL 34201

ing Address

6824 COYOTE RIDGE CT
BRADENTON, FL 34210 US



03052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3060396

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LINDA C PAINTER
6824 COYOTE RIDGE CT
BRADENTON, FL 34210
UNIVERSITY PARK, FL 34201

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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

Linda C Painter
Signature, typed or printed name of registered agent and title if applicable.

LINDA C PAINTER

4/26/04

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTDD
NAME	LINDA C PAINTER
STREET ADDRESS	6824 COYOTE RIDGE CT
CITY-ST-ZIP	UNIVERSITY PARK, FL 34201
TITLE	VPDD
NAME	DONALD PAINTER
STREET ADDRESS	12941 CHERRYDALE COURT 6824 Coyote Ridge Ct
CITY-ST-ZIP	FT MYERS, FL 33919 University Park, FL 34201
TITLE	TREASURER
NAME	DARRELL GODREAU
STREET ADDRESS	3333 CLARK RD Suite 120
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	Secretary
NAME	CHRISTY KASPER
STREET ADDRESS	3333 CLARK RD Suite 120
CITY-ST-ZIP	SARASOTA, FL 34231
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:

Donald N. Painter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04
Date

941-351-9622
Daytime Phone #