2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 25, 2004 8:00 am DOCUMENT # M95884 **Secretary of State** 1. Entity Name 03-25-2004 90024 021 ***150.00 STEVE ODONE PAINTING, INC. Principal Place of Business Mailing Address 282 BRANDY LAND 282 BRANDY LAND TIBRANTE NAPLES FL 34114 NAPLES FL 34114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-0072205 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ODONE, STEPHEN B. Street Address (P.O. Box Number is Not Acceptable) 800 SABAL PALM ROAD NAPLES FL 33961 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition ODONE, STEPHEN B. NAME МАМЕ STREET ADDRESS STREET ADDRESS 282 BRANDY LANE NAPLES FL 34114 CITY-ST-ZIP CITY-ST-7IP Change TITLE ☐ Delete TITLE ☐ Addition ODONE, VIRGINIA M. NAME NAME 282 BRANDY LANE STREET ADDRESS STREET ADDRESS NAPLES FL 34114 CITY-ST-ZIP CITY-ST-7IP TITLE Change TITLE ☐ Delete Addition NAME ODONE, JEFFREY A NAME STREET ADDRESS STREET ADDRESS 4654 22 PLACE SW CITY-ST-ZIP CITY-ST-ZIP MAPLES FL 34116 ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 two and accurate and that the short was about the section 119.07(3)(ii).

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.

FILED