

## 2004 FOR PROFIT CORPORATION

DOCUMENT # P00000007029

1. Entity Name  
BPJ PAINTING, INC.FILED  
May 03, 2004 8:00 am  
Secretary of State

05-03-2004 90756 025 \*\*\*150.00

Principal Place of Business  
1353 GALT LANE  
SPRING HILL, FL 34608  
Mailing Address  
1353 GALT LANE  
SPRING HILL, FL 34608

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

04202004

Chg-P

CR2E034 (10/03)

4. FEI Number  
59-3616094Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

## 8. Name and Address of Current Registered Agent

ANNAS, JAMES  
1353 GALT LANE  
SPRING HILL, FL 34608

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ANNAS, BILL  
STREET ADDRESS 1353 GALT LN.  
CITY-ST-ZIP SPRING HILL, FL 34608 ☐ DeleteTITLE VD  
NAME ANNAS, JAMES  
STREET ADDRESS 8099 CLIPPER CT.  
CITY-ST-ZIP SPRING HILL, FL 34606 ☐ DeleteTITLE TD  
NAME ANNAS, PETER  
STREET ADDRESS 1353 GALT LN.  
CITY-ST-ZIP SPRING HILL, FL 34608 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #