


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000024797

1. Entity Name
GARRIDO PAINTING, INC.



Principal Place of Business Mailing Address

2447 BROWNING STREET 2447 BROWNING STREET
 SARASOTA, FL 34237 SARASOTA, FL 34237

DO NOT WRITE IN THIS SPACE



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0991211 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOALE, JAMES E
 22 SOUTH TUTTLE AVENUE
 SUITE 3
 SARASOTA, FL 34237

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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 _____ (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

U00000115392
 04/16/04-80022-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GARRIDO, PAUL
STREET ADDRESS	2447 BROWNING STREET
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	V
NAME	REIMERS, JAMES
STREET ADDRESS	2150 8TH ST
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	V
NAME	WRIGHT, WILLIAM
STREET ADDRESS	119 S. SHADE AVE.
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Paul Garrido* Paul Garrido 4-13-04 504-5329 (941)

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