## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P00000031735** 07-16-2004 90012 016 \*\*\*155 00 B & B PAINTING AND WALLCOVERING II, INC. Principal Place of Business Mailing Address 66431916 2662 NW 91ST AVE 2662 NW 91ST AVE CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07132004 CR2E034 (10/03) Applied For City & State City & State Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BURNHAM, BRIAN J JR Street Address (P.O. Box Number is Not Acceptable) 2662 NW 91ST AVE CORAL SPRINGS, FL 33065 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rematating DATE FILE NOW!!! FEE IS \$150.00 9. Élection Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the 'Due by September 8, 2004 Trust Fund Contribution. corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE Change: □ Addition BURNHAM, BRAIN J JR 2662 NW 91ST AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL: 33065 CITY-ST-ZIP TITLE Change ☐ Delete TITLE ☐ Addition BURNHAM, ERICA L JR NAME NAME 2662 NW 91ST AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-51-712 DILE ☐ Delete nne ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change \_\_\_\_ Addition NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TRILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Dalete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 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 eath; 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 addresse with all other like empowered.

## FILED Aug 13, 2004 8:00 am Secretary of State