

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90013 030 ***550.00

DOCUMENT # P00000034462		
1. Entity Name N.E. & E. PAINT CORPORATION		

Principal Place of Business 107 BEECHWOOD LANE PALM COAST, FL 32137	Mailing Address PO BOX 354605 PALM COAST, FL 32135-4605
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44051877

2. Principal Place of Business 164 BRITTANY LANE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PALM COAST FL	City & State
Zip 32137	Country USA



07082004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3634295	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FEDELE, MARTHA J 2 OFFICE PARK DR SUITE A-3 PALM COAST, FL 32137	
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7. Name and Address of New Registered Agent Name MARTHA FEDELE Street Address (P.O. Box Number is Not Acceptable) 5095 US HIGHWAY 1 SOUTH City ST AUGUSTINE FL Zip Code 32086	
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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 	DATE July 30, 2004

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTs POMARES, NESTOR M 107 BEECHWOOD LANE PALM COAST, FL 32137 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSTAMANTE, EUGENIO 1225 ESSEX ROAD DAYTONA BEACH, FL 32117 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTs POMARES, NESTOR M 164 BRITTANY LANE PALM COAST FL 32137 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSTAMANTE, EUGENIO 10 WHITE DOVE LANE PALM COAST FL 32164-7247 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE 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.	
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-04

Date

(386) 503-6115

Daytime Phone #