

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90172 027 ***150.00

DOCUMENT # P00000037586

1. Entity Name
TAB PAINTING SERVICE, INC.



Principal Place of Business
112 TWILIGHT RD
FLORAHOME, FL 32140

Mailing Address
112 Twilight Lane
FLORAHOME, FL 32140



DO NOT WRITE IN THIS SPACE

02152004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3639448

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCMAHON, HAROLD
112 TWILIGHT LANE
FLORAHOME, FL 32140

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME MCMAHON, HAROLD
STREET ADDRESS 112 TWILIGHT ROAD
CITY-ST-ZIP FLORAHOME, FL 32140

TITLE D
NAME MCMAHON, TERRY E
STREET ADDRESS 112 TWILIGHT ROAD
CITY-ST-ZIP FLORAHOME, FL 32140

TITLE D
NAME ~~MCMAHON, CINDY M~~
STREET ADDRESS 112 TWILIGHT ROAD
CITY-ST-ZIP FLORAHOME, FL 32140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Harold McMahon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-04 386-325-4011
Date Daytime Phone #