


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000039611 1. Entity Name A-AFFORDABLE PAINT & COATINGS CORPORATION	
---	---

Principal Place of Business 1015 DOLPHIN DRIVE CAPE CORAL, FL 33904	Mailing Address 1015 DOLPHIN DRIVE CAPE CORAL, FL 33904
---	---

DO NOT WRITE IN THIS SPACE



05172004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1001245	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MICHAEL D RANDOLPH, P.A.
1619 JACKSON ST
FT MYERS, FL 33901

**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 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MAUTNER, ERIC J 1015 DOLPHIN DRIVE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MOREHOUSE, ANNE M 1015 DOLPHIN DRIVE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLOOD, CHRISTOPHER S 1015 DOLPHIN DRIVE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000162559
06/14/04-80004-008 150.00

**DO NOT WRITE
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)(f), 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 its 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 5/26/04	Daytime Phone # 239-872-3000
--	-----------------	---------------------------------