

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90202 023 ***150.00

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03122004 Chg-P CR2E034 (10/03)

DOCUMENT # P00000046982							
1. Entity Name TOP GUN CUSTOM PAINTING, INC.							
Principal Place of Business 736 GARDEN COURT PLANTATION, FL 33317		Mailing Address 736 GARDEN COURT PLANTATION, FL 33317					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 86-1083047			
Applied For Not Applicable							
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
RYDER, KARL C 736 GARDEN COURT PLANTATION, FL 33317			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PSD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITMORE, BURROWS R JR		NAME				
STREET ADDRESS	1735 DEWEY STREET #202		STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD, FL		CITY-ST-ZIP				
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RYDER, KARL C		NAME				
STREET ADDRESS	736 GARDEN COURT		STREET ADDRESS				
CITY-ST-ZIP	PLANTATION, FL 33317		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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 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: <u>Karl C Ryder</u>		Karl C. Ryder, Vice-Pres.		(954)328-1717			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			