

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000053941

1. Entity Name
ROCK PAINTING, INC.



Principal Place of Business
**5724 10TH AVENUE DRIVE WEST
BRADENTON, FL 34209**

Mailing Address
**5724 10TH AVENUE DRIVE WEST
BRADENTON, FL 34209**

DO NOT WRITE IN THIS SPACE



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1020596

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARTER, JAMES D JR.
RIVERVIEW CENTER
1111 THIRD AVE. WEST STE. 150
BRADENTON, FL 34205**

**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 reappointing)

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 **MAY, PETER**
STREET ADDRESS **5724 10TH AVE., DRIVE WEST**
CITY-ST-ZIP **BRADENTON, FL 34206**

TITLE **D**
NAME **KUTZ, MARTHA**
STREET ADDRESS **5102 18TH AVE., WEST**
CITY-ST-ZIP **BRADENTON, FL 34206**

TITLE **D**
NAME **KUTZ, JUSTIN P**
STREET ADDRESS **5103 18TH AVE. WEST**
CITY-ST-ZIP **BRADENTON, FL 34209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

941-792-2789

Daytime Phone #