


Jan.14. 2004 10:31AM

No.6481 P. 2/2

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P0000065150 1. Entity Name MD CUSTOM PAINTING SERVICES, INC.	
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Principal Place of Business 4111 CHRISTA CT. WINTER PARK, FL 32792	Mailing Address 4111 CHRISTA CT. WINTER PARK, FL 32792
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01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3666068	Applied For Not Applicable
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5. Certificate of Status Declared <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

TOLLA, MARK J
4111 CHRISTA CT.
WINTER PARK, FL 32792

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOLLA, MARK J 4111 CHRISTA CT. WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOLLA, DAVID A 4111 CHRISTA CT WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/23/04-80019-023 150.00

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 approvals.

SIGNATURE: Mark J. Tolla 1-20-04 321-228-3840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #