

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91014 044 \*\*\*150.00

DOCUMENT # P00000070187



1. Entity Name  
TROPICAL PAINTING COMPANY II, INC.

Principal Place of Business  
1709 N.E. 20TH AVE  
FORT LAUDERDALE, FL 33305

Mailing Address  
701 N.W. 13 STREET  
APT. #C-5  
BOCA RATON, FL 33486

04001046

2. Principal Place of Business  
901 N.E. 18<sup>TH</sup> COURT  
Suite, Apt. #, etc.  
APT. 105

3. Mailing Address  
13810 SUTTON PK. DR. N.  
Suite, Apt. #, etc.  
APT. 611

04282004 Chg-P CR2E034 (10/03)



City & State  
FORT LAUDERDALE, FL  
Zip  
33305  
Country  
USA

City & State  
JACKSONVILLE FL  
Zip  
32224  
Country  
USA

4. FEI Number  
65-1032308  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

RILEY, JOE  
430 N.W. 57 CT.  
FORT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

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 - ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BEUMER, CHRISTOPHER 701 N.W. 13TH STREET - APT. #C-5 BOCA RATON, FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEUMER, CHARLOTTE A 13810 SUTTON PARK DRIVE #611 JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BEUMER, CHRISTOPHER 901 N.E. 18 COURT, APT. 105 FORT LAUDERDALE, FL 33305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Charlotte A. Beumer, Vice Pres. 4/28/04 904-223-1750  
CHARLOTTE A. BEUMER Date Daytime Phone #