

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000076488

1. Entity Name
ORANGE CITY PAINT & DECORATING CENTER, INC.



Principal Place of Business
**106 W. ELM DRIVE
ORANGE CITY, FL 32763**

Mailing Address
**106 W. ELM DRIVE
ORANGE CITY, FL 32763**

DO NOT WRITE IN THIS SPACE



03172004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3678940

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COODY, WILLIAM F
106 W. ELM DRIVE
ORANGE CITY, FL 32763**

**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 reactivating)

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**

000000099370

03/31/04-80003-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COODY, WILLIAM F
STREET ADDRESS	1858 CLAY COURT
CITY-STATE-ZIP	DELTONA, FL 32725
TITLE	D
NAME	COODY, JULIA G
STREET ADDRESS	1858 CLAY COURT
CITY-STATE-ZIP	DELTONA, FL 32725
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-04

386 7756302

Date

Daytime Phone #