

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90112 009 ***150.00

DOCUMENT # P00000079713			
1. Entity Name RADNEY PAINTING, INC.			
Principal Place of Business 3330 W WALLCRAFT AVE TAMPA FL 33610		Mailing Address 1170 LISA LN BARTOW FL 33830 US	
2. Principal Place of Business 1170 Lisa Lane Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Bartow FL		City & State	
Zip 33830 Country PoIK		Zip Country	
6. Name and Address of Current Registered Agent RADNEY, RALPH JR 1170 LISA LN BARTOW FL 33830		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 <u>Ralph Radney Jr</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>6/29/04</u>			
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete NAME RADNEY, RALPH JR STREET ADDRESS 6147 OLD HOMELAND RD CITY-ST-ZIP BARTOW FL 33830	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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>Ralph Radney Jr</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>6/29/04</u> Daytime Phone # <u>813-917-7514</u>	



MOORE CR2E034 (4/04)

4. FEI Number 59-3702601 ☐ Applied For ☐ Not Applicable

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

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**