

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90130 018 \*\*\*150.00

**DOCUMENT # P00000081586**

1. Entity Name  
**G.A. PAINTING, INC.**



Principal Place of Business  
**2018 WATERLEAF STREET  
ORLANDO, FL 32837**

Mailing Address  
**2018 WATERLEAF STREET  
ORLANDO, FL 32837**

**54053283**



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3678073**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**ARIAS, GUILLERMO  
2018 WATERLEAF STREET  
ORLANDO, FL 32837**

**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 reinstating)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FLOREZ, ELIZABETH  
11980 REEDY CREEK DRIVE, #303  
ORLANDO, FL 32836**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(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

Date

Daytime Phone #

*Elizabeth Florez* . 430-04. 407-438-1808

*Alfredo*

54053283



## Division of Corporations

## Annual Report

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Business Entity Name

G.A. PAINTING, INC.

FEI Number

593678073

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

## Principal Place of Business

Address

2018 WATERLEAF STREET

Suite, Apt. #, etc.

City, State

ORLANDO

FL

Zip Code &amp; Country

32837

## Mailing Address

Address

2018 WATERLEAF STREET

Suite, Apt. #, etc.

City, State

ORLANDO

FL

Zip Code &amp; Country

32837

## Name And Address of Registered Agent

Name (Last, First, Middle, Title)

ARIAS

GUILLERMO

-or- RA Business Name

Address

2018 WATERLEAF STREET

Suite, Apt. #, etc.

City, State

ORLANDO

FL

Zip Code &amp; Country

32837

*Alia China**54053283*  
*P 000000.81586*

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Guillermo L Arias

  
 

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## Division of Corporations

## Annual Report

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Business Entity Name

G.A. PAINTING, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

## Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

*Attached*

*524053283*

*✓ P00000081586*

Title   
 Name (Last, First, Middle, Title)      
 -or- Entity Name   
 Street Address   
 City, State    
 Zip Code & Country

Title   
 Name (Last, First, Middle, Title)      
 -or- Entity Name   
 Street Address   
 City, State    
 Zip Code & Country

Title   
 Name (Last, First, Middle, Title)      
 -or- Entity Name   
 Street Address   
 City, State    
 Zip Code & Country

☐ List more than six  
 Officers/Directors

☒ No additional Officers/Directors to  
 list

An individual named above must type their name in the  
 'Officer/Director Signature' block below. A corporate name is  
 not allowed in this block.

Title    
 Officer/Director Signature  Elizabeth Florez

*Oil company*

*54053283*

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