## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 02, 2004 8:00 am DOCUMENT # P00000085852 **Secretary of State** 1. Entity Name 03-02-2004 90048 033 \*\*\*150.00 FORTUNE'S CLASSIC PAINTING, INC. Principal Place of Business Mailing Address 2626 STALEY CT ORLANDO FL 32818 2626 STALEY CT ORLANDO FL 32818 2. Principal Place of Business 3. Mailing Address Ozlamba, ble beach of <u>1151</u> Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 58-9372743 APOPKA n lawo Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -11-5 Pebble bea FORTUNE, OLGA E Street Address (P.O. Box Number is Not Acceptable) 2626 STALEY CT ORLANDO FL 32818 8. The above named entity subis 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 register ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE/NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ☐ Change FORTUNE, JOHNNY NAME STREET ADDRESS 2626 STALEY CT. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32818 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition FORTUNE, OLGA E NAME NAME STREET ADDRESS 2626 STALEY CT. STREET ADDRESS CITY-ST-ZIF ORLANDO FL 32818 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition HAME NAME-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED