-2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000087050

1. Entity Name
JOHN CALMAN PAINTING CO.

FILED Feb 04, 2004 08:00 AM Secretary of State

Principal Place of Business

1363 LANDS END RD MANALAPAN, FL 33462 Mailing Address

1363 LANDS END RD MANALAPAN, FL 33462



02022004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1046506 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

8. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CALMAN, JOHN R 1363 LANDS END RD MANALAPAN, FL 33462

DO NOT WRITE IN THIS SPACE

3. 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 renaturing) DATE					
	E NOW!!! FEE IS \$150.00 ny 1, 2004 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	8 🗆	\$5.00 May Be Added to Fees	000000036385 02/06/04-80056-008 150.00
10.	OFFICERS AND DIREC	CTORS			
NAME STREET ADDRESS CITY-ST-ZP	D CALMAN, JOHN R 1363 LANDS END RD MANALAPAN, FL 33462				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CRY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•
BITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 giper like empowered.					

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR