

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90279 036 ***150.00

| | | | |
|--|---------------------------------|--|---|
| DOCUMENT # P00000092291 1. Entity Name MORLAN PAINTING, INC. | | | |
| Principal Place of Business 1370 NW BRITT ROAD STUART, FL 34994 | | Mailing Address 1370 NW BRITT ROAD STUART, FL 34994 | |
| 2. Principal Place of Business SAME AS ABOVE | | 3. Mailing Address SAME | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip MARTIN | | Zip USA | |
| 4. FEI Number 65-1054526 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MORLAN, ANN 1370 NW BRITT ROAD STUART, FL 34994 | | 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE P NAME MORLAN, ANN STREET ADDRESS 1370 NW BRITT RD 4 CITY-ST-ZIP STUART, FL 34994 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VP NAME MORLAN, JAMES STREET ADDRESS 1370 NW BRITT RD 4 CITY-ST-ZIP STUART, FL 34994 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE O NAME MORLAN, ARON STREET ADDRESS 1370 NW BRITT RD 4 CITY-ST-ZIP STUART, FL 34994 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: <i>Ann Morlan</i> ANN MORLAN 4-23-04 772-692-9635 | | | |