2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 25, 2004 08:00 AM Secretary of State

352-483-1020

	WISTACHE I	rri Oiri	2 3 4 8 2 2	, T.1	111df 20, 200+ 00.00 filti			
DOCUMENT # P0000093040 1. Entity Name DUFFIN PAINTING INC.		10		Secretary of State				
Principal Place	e of Business	Mailing Address		l	·			
7188 LANDMARK DR 7188 LANDMARK DR								
	ILL, FL 34606 SPRING HILL, FL 34606							
		.,,]				
			03192004 No Chg-P CR2E034 (10/03)					
DO NOT WRITE IN THIS SPACE								
DO NOT WHITE IN THIS SPAC				4. FEI Numb		<u> </u> _	Applied For	
				59-367	8417		Not Applicable	
				5. Certificate of Status Desired S8.75 Additional				
			A TANKS HOME TO A STREET	,, ,, ,, ,, ,, ,, ,, ,, ,, ,		Fee Re	guired	
6. Name and Address of Current Registered Agent								
			į					
	VILLIAM C III		DO	NOT W	RITE			
7188 LANDMARK DR			DO NOT WRITE					
SPRING HILL, FL 34606			IN THIS SPACE					
				31.4		MUL		
			1					
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								
and although the property of t								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.			ncing \$5.	.00 May Be led to Fees				
10.	OFFICERS AND DIR	ECTORS			:-:- :			
TITLE	Р							
NAME	DUFFIN, WILLIAM III							
STREET ADDRESS	7188 LANDMARK DR							
CITY-ST-ZIP	SPRING HILL, FL 34606							
TITLE	ST		1		Honono	MGE 137		
NAME	DUFFIN, PAMELA				U3/26/UY_	1096137 80017-024	108 (0)	
STREET ADDRESS	7188 LANDMARK DR				our Lara 1	OUCH UNT	TOO # OO	
CITY-ST-ZIP	SPRING HILL, FL 34606							
TITLE	V		'					
NAME	DUFFIN, WILLIAM IV							
STREET ADDRESS	7250-C CARKTIB ARNS DRIVE							
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653			DO	NOT W	RITE		
	NEW FORT RIGHET, FE 34033		-					
TITLE			1	IN	THIS SF	PACE		
NAME								
STREET ADDRESS			1					
CITY-SY-ZIP		<u>. </u>						
TITLE	\		1					
NAME			1					
STREET ADDRESS			1					
CITY-ST-ZIP			4		•		•	
TITLE								
NAME								
STREET ADDRESS			ı			•		
CITY-ST-ZIP		·				ningan in Alexand		
12. I hereby	certify that the information supplied with this	filing does not qualify for the exe	emption stated in Se	ection 119.07(3)	(i), Florida Statutes. I	I further certify that	the information	
indicated of the cor	on this report or supplemental report is true poration of the receiver or trustee empower	e and accurate and that my signal led to execute this report as requi	iture shall have the ired by Chapter 50	same legal effe 7. Florida Statuti	ct as if made under o	oath, that I am an o	officer or director	
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.								
	WILLIAM G. DO	マナノン・江	,		_			