

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000094172

FILED
Apr 27, 2004
Secretary of State

Entity Name: A & M PAINTING CONTRACTORS, INC.

Current Principal Place of Business:

97 REEDING RIDGE DR E
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

97 REEDING RIDGE DR E
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-3675050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDIOLA, MICHAEL L
97 REEDING RIDGE DR E
JACKSONVILLE, FL 32225

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MENDIOLA, MICHAEL
Address: 97 REEDING RIDGE DR E
City-St-Zip: JACKSONVILLE, FL 32225

Title: V () Delete
Name: HUTCHESON, MATTHEW
Address: 10960 BEACH BLVD LOT #582
City-St-Zip: JACKSONVILLE, FL 32246

Title: VT (X) Delete
Name: DEITCH, ALLISON
Address: 97 REEDING RIDGE DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VT (X) Change () Addition
Name: MENDIOLA, ALLISON M
Address: 97 REEDING RIDGE DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLISON MENDIOLA

VT

04/27/2004

Electronic Signature of Signing Officer or Director

Date