

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90234 012 ***150.00

DOCUMENT # P00000095481

1. Entity Name
L & L SPRAY TEXTURES, INC.



Principal Place of Business

Mailing Address

~~4431 VENUS AVE~~
~~WEST PALM BEACH, FL 33406~~

~~4431 VENUS AVE~~
~~WEST PALM BEACH, FL 33406~~

94074689

924 MACY ST
WPB, FL 33405



DO NOT WRITE IN THIS SPACE

02062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1044784

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STUFFLEBEAN, LAWRENCE B
~~4431 VENUS AVE~~ *924 MACY ST*
~~WEST PALM BEACH, FL 33406~~ *33405*

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STUFFLEBEAN, LOIS R
STREET ADDRESS	924 MACY ST
CITY - ST - ZIP	WEST PALM BEACH, FL 33405
TITLE	ST
NAME	STUFFLEBEAN, LAWRENCE B
STREET ADDRESS	924 MACY ST
CITY - ST - ZIP	WEST PALM BEACH, FL 33406
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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 life empowered.

SIGNATURE:

Lois R Stufflebean
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/04
Date

Daytime Phone #