

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90364 029 ***150.00

DOCUMENT # P0000115023

1. Entity Name
SHAD SANDERS PAINTING, INC.



Principal Place of Business: **1323 NE 34TH STREET, OCALA, FL 34479**

Mailing Address: **PO BOX 2438, SILVER SPRINGS, FL 34489**



2. Principal Place of Business: **420 NW 35th Street**

3. Mailing Address: Suite, Apt. #, etc.

04142004 Chg-P CR2E034 (10/03)

City & State: **OCALA, FL**

City & State: Suite, Apt. #, etc.

Zip: **34475** Country: **US**

4. FEI Number: **59-3689455**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

SANDERS, SHAD
1323 NE 34TH STREET
OCALA, FL 34479

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): **420 NW 35th Street**

City: **OCALA** State: **FL** Zip Code: **34475**

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]* DATE: **4/14/04**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reissuing)

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SANDERS, SHAD	
STREET ADDRESS	1323 NE 34TH STREET	→
CITY-ST-ZIP	OCALA, FL 34479	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	420 NW 35th Street	
STREET ADDRESS	OCALA, FL 34475	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* OFFICER DATE: **4/14/04** 352 236 0439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR