

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90006 023 \*\*\*150.00

**DOCUMENT # P01000016795**

1. Entity Name

**AMERICAN PAINT CONTRACTING & PRESSURE  
CLEANING, INC.**



Principal Place of Business

**1527 LIENBY AVE  
PANAMA CITY FL 32405**

Mailing Address

**1527 LIENBY AVE  
PANAMA CITY FL 32405**

2. Principal Place of Business

**808 E. 24th Plaza**

3. Mailing Address

**808 E. 24th Plaza**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Panama City Florida**

City & State

**Panama City Florida**

Zip

**32405**

Country

**Bay**

Zip

**32405**

Country

**Bay**

4. FEI Number

**59-3721879**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ORME, ERIC  
4435 MILL BAYOU ROAD  
PANAMA CITY FL 32404**

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

**Eric Orme, President**

**January 27, 2004**

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **ORME, ERIC**  
STREET ADDRESS **4435 MILL BAYON RD.**  
CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **808 E. 24th Plaza**  
CITY-ST-ZIP **Panama City Florida 32405**

TITLE ☐ Change ☒ Addition  
NAME **Vice President**  
STREET ADDRESS **Ashley Petroff**  
CITY-ST-ZIP **7332 Russo Road**  
**Southport Florida 32409**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Eric Orme*

**Eric Orme, President**

**January 27, 2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #