

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000031262

FILED
Aug 30, 2004
Secretary of State

Entity Name: YNOT PAINT, INC.

Current Principal Place of Business:

PO BOX 150958
CAPE CORAL, FL 339150958

New Principal Place of Business:

Current Mailing Address:

PO BOX 150958
CAPE CORAL, FL 339150958

New Mailing Address:

FEI Number: 65-1088416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DROUILLARD, TONY
4613 SW 22ND AVE
CAPE CORAL, FL 33914 US

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: PD () Delete
Name: DROUILLARD, TONY
Address: PO BOX 150958
City-St-Zip: CAPE CORAL, FL 339150958

Title: V () Delete
Name: MCKIBBEN, PATRICK
Address: 4614 SW 22ND AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: S () Delete
Name: LUTEK, CRAIG
Address: 101 SE 46TH LANE
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: DROUILLARD, JAYSON
Address: 4805 MANOR CT.
City-St-Zip: CAPE CORAL, FL 33904

Title: V (X) Change () Addition
Name: FLORES, VELTOR
Address: 919 SW. 35 TH ST.
City-St-Zip: CAPE CORAL, FL 33914

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: TONY DROUILLARD

PD

08/30/2004

Electronic Signature of Signing Officer or Director

Date