

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

04-30-2004 90345 043 \*\*\*150.00

**DOCUMENT # P01000033073**

1. Entity Name  
**MARK ALBRIGHT SPRAY TEXTURES, INC.**



Principal Place of Business      Mailing Address  
**110 EUCLID BLVD.**      **110 EUCLID BLVD.**  
**LANTANA, FL 33462**      **LANTANA, FL 33462**

**14015308**

2. Principal Place of Business      3. Mailing Address  
**162 NEPTUNE DRIVE**      **162 NEPTUNE DRIVE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



01222004      Chg-P      CR2E034 (10/03)

City & State      City & State  
**LANTANA, FLORIDA**      **LANTANA, FLORIDA**

4. FEI Number      Applied For  
**65-1091410**      Not Applicable

Zip      Country      Zip      Country  
**33462**      **U.S.**      **33462**      **U.S.**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALBRIGHT, MARK C**  
**110 EUCLID BLVD.**  
**LANTANA, FL 33462**

Name  
**MARK ALBRIGHT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**162 NEPTUNE DRIVE**  
 City      State      Zip Code  
**LANTANA**      **FL**      **33462**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ALBRIGHT, MARK C</b> <b>110 EUCLID BLVD.</b> <b>LANTANA, FL 33462</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARK ALBRIGHT</b> <b>162 NEPTUNE DRIVE</b> <b>LANTANA, FL. 33462</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

4/27/04