## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P01000059107

1. Entity Name HITT THE SPOT PAINTING, INC.

Principal Place of Business 2328 BRITANNIA RD SARASOTA, FL 34231 Mailing Address 2328 BRITANNIA RD SARASOTA, FL 34231

## FILED Mar 05, 2004 08:00 AM Secretary of State



03012004

No Chg-P

CR2E034 (10/03)

4.	FEI Number						
	65-1118032						

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RC UNGER, CPA 411 COMMERCIAL CT STE D VENICE, FL 34292				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 at registered agent and title if applicable. (NOTE Registered Agent signature required when refinsiving)  DATE							
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		U00000076921 03/05/04-80021-014	150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT DP HITT, MICHAEL J 2328 BRITANNIA RD SARASOTA, FL 34231	TORS				. <del>.</del>	
Title Name Street address City-St-Zip							
TITLE NAME STREET ADDRESS GITY-ST-ZIP	IAME STREET ADDRESS SITY-ST-ZIP			DO NOT WRITE			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	ss			IN THIS SPACE			
Title Name Street address City-St-Zip					<del>-</del> -		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•			

12. I hereby certify that the information supplied with this filling 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

1.04

Daytime Phone ¥