

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90048 020 ***163.75

DOCUMENT # P01000076664

1. Entity Name

MIKE LENTZ PAINTING, INC.



Principal Place of Business

**998 CROSLY DR.
DUNEDIN FL 34698**

Mailing Address

**998 CROSLY DR.
DUNEDIN FL 34698**

2. Principal Place of Business

PAINTING
Suite, Apt. #, etc.

3. Mailing Address

998 CROSLY DR.
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

DUNEDIN, FLA.

City & State

4. FEI Number

59-3731451

Applied For

Not Applicable

Zip

34698

Country

Pinellas

Zip

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LENTZ, DARREN
998 CROSLY DR.
DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

Name **MIKE LENTZ PAINTING INC.**

Street Address (P.O. Box Number is Not Acceptable)

998 CROSLY DR.

City

DUNEDIN, FLA. FL

Zip Code

34698

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 **Mike Lentz Painting Inc. 4-2-04**

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 **LENTZ, DARREN**
STREET ADDRESS **998 CROSLY DR.**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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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
CITY-ST-ZIP

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

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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: **Darren M. Lentz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-04 (727) 458-6849

Date

Daytime Phone #