2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Mar 19, 2004 8:00 am Secretary of State **DOCUMENT # P01000080859** 1. Entity Name 03-19-2004 90068 008 ***150.00 TROPICAL WAVE PAINTING, INC. Principal Place of Business Mailing Address 6901 10TH ST N ST PETERSBURG FL 33702 6901 10TH ST N ST PETERSBURG FL 33702 2. Principal Place of Business 3. Mailing Address 1781 73ave N 1781 73aue) Suite, Apt. #, etc. CR2E034 (11/03) MOORE 4. FEI Number Applied For 59-3741064 Not Applicable Country \$8.75 Additional Pinellas 5. Certificate of Status Desired éllas Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name__ DAVIS, JOSEPH C Street Address (P.O. Box Number is Not Acceptable) 6901 10TH ST N ST PETERSBURG FL 33702 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ДАТЕ FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 PTD TITLE ☐ Delete TITLE Addition oseph C Davis DAVIS, JOSEPH C NAME NAME 6901 10TH ST N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33702 CITY-ST-ZIP VD TITLE ☐ Delete TITLE Helanie Guerard-Davis Addition NAME GUERARD, MELANIE NAME 6901 10TH ST N STREET ADDRESS STREET ADDRESS CITY-ST-ZiP ST PETERSBURG FL 33702 CITY-ST-ZIP 3702 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Melanie

FILED