


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90043 044 ***150.00


DOCUMENT # P01000113283	
1. Entity Name D & L PROFESSIONAL PAINTING OF CENTRAL FLORIDA INC.	

Principal Place of Business 1784 MARKER ROAD POLK CITY, FL 66868	Mailing Address 1784 MARKER ROAD POLK CITY, FL 66868
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2. Principal Place of Business 2218 Ellie Rd Lot 3	3. Mailing Address 2218 Ellie Road Lot 3
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Auburndale FL	City & State Auburndale FL
Zip 33823	Zip 33823
Country Polk	Country Polk

94031257



02262004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent FLOOD, DUANE 1784 MARKER ROAD POLK CITY, FL 66868	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2218 Ellie Road Lot 3 City Auburndale FL Zip Code 33823	

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLOOD, DUANE 1784 MARKER RD POLK CITY, FL 33868 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PROCHAZKA, LORETTA 1784 MARKER RD POLK CITY, FL 33868 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOOD, GEORGE W 1784 MARKER RD POLK CITY, FL 33868 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOOD, CHRISTOPHER T 1784 MARKER RD POLK CITY, FL 33868 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anthony Didden 12239 Country Side Drive Lakeland FL 33809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Duane Flood* **403-11-04 4863-412-4092**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #