


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000117405
 1. Entity Name
MICHAEL GLOOR PAINTING INC



Principal Place of Business Mailing Address
5843 ORANGE BLOSSOM TRAIL **5843 ORANGE BLOSSOM TRAIL**
HOBE SOUND FL 33455 **HOBE SOUND FL 33455**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **01-0578631** Applied For
 Not Applicable

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

GLOOR, MICHAEL
5843 ORANGE BLOSSOM TRAIL
HOBE SOUND FL 33455

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------|----------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | GLOOR, MICHAEL | |
| STREET ADDRESS | 5843 ORANGE BLOSSOM TRAIL | |
| CITY - ST - ZIP | HOBE SOUND FL 33455 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | GLOOR, CHERYLE A | |
| STREET ADDRESS | 5843 ORANGE BLOSSOM TRAIL | |
| CITY - ST - ZIP | HOBE SOUND FL 33455 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
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| CITY - ST - ZIP | | |

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02/02/04-80109-011 150.00

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: Michael Gloor **MICHAEL GLOOR** 1/29/04 772-220-2362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #