

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000118201

1. Entity Name

JOE THOMPSON PAINTING INC.



Principal Place of Business

64 TALQUIN HIDEAWAY RD.
QUINCY, FL 32351

Mailing Address

64 TALQUIN HIDEAWAY RD.
QUINCY, FL 32351

FILED

04 MAY -7 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

30-0016878

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, JOSEPH
64 TALQUIN HIDEAWAY RD.
QUINCY, FL 32351

**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 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**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME THOMPSON, JOSEPH
STREET ADDRESS 64 TALQUIN HIDEAWAY RD.
CITY-ST-ZIP QUINCY, FL 32351

TITLE S
NAME HINTON, CHRIS
STREET ADDRESS 64 TALQUIN HIDEAWAY RD.
CITY-ST-ZIP QUINCY, FL 32351

TITLE T
NAME FULGRAM, JAMES
STREET ADDRESS 64 TALQUIN HIDEAWAY RD.
CITY-ST-ZIP QUINCY, FL 32351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800036280318
05/13/04--01087--025 **150.00

**DO NOT WRITE
IN THIS SPACE**

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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/2/04 524-0841