

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 - 08:00 AM
Secretary of State

DOCUMENT # P02000006708

1. Entity Name
TROPICAL PAINTING OF CENTRAL FLORIDA, INC.



Principal Place of Business
**302 N. JOHN YOUNG PARKWAY
KISSIMMEE, FL 34742**

Mailing Address
**PO BOX 420112
KISSIMMEE, FL 34742**



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0382989

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PEREZ, ADALGISA
302 N. JOHN YOUNG PKWY.
KISSIMMEE, FL 34742**

**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 *Adalgisa Perez* **ADALGISA PEREZ / PRESIDENT** 04/28/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when recasting) 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**

**000000141965
04/30/04-80032-020 158.75**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PEREZ, ADALGISA
302 N JOHN YOUNG PKWY
KISSIMMEE, FL 34742**

TITLE
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CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE: *Adalgisa Perez* **ADALGISA PEREZ** 4/28/04 (407)944-9465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #