

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 12, 2004 08:00 AM  
Secretary of State

DOCUMENT # P02000016377

1. Entity Name

BRECK AND MINERVA'S PAINTING, INC.



Principal Place of Business

28840 BERMONT RD.  
PUNTA GORDA, FL 33982

Mailing Address

28840 BERMONT RD.  
PUNTA GORDA, FL 33982



03032004

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

01-0614671

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HANKISON, MINERVA  
22344 NIAGARA AVENUE  
PUNTA GORDA, FL 33982

**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

U000000110874  
04/12/04-80101-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HANKISON, MINERVA
STREET ADDRESS	28840 BERMONT RD.
CITY - ST - ZIP	PUNTA GORDA, FL 339822103
TITLE	V
NAME	HANKISON, BRECK
STREET ADDRESS	28840 BERMONT RD.
CITY - ST - ZIP	PUNTA GORDA, FL 339822103
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #