
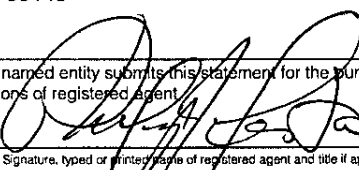
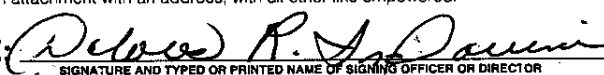


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90005 044 ***150.00

DOCUMENT # P02000019080 1. Entity Name THE PAINT DOCTOR OF CENTRAL FLORIDA, INC.					
Principal Place of Business 14041 LEMON VALLEY PLACE TAMPA, FL 33625			Mailing Address 14041 LEMON VALLEY PLACE TAMPA, FL 33625		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 02-0553893	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145					
7. Name and Address of New Registered Agent Name P.J. TESTA - ACCOUNTANT Street Address (P.O. Box Number is Not Acceptable) 4726-B N. LOIS AVE City TAMPA FL 33614					
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 1/9/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD INDOVINA, DOLORES R 14041 LEMON VALLEY PLACE TAMPA, FL 33625	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  DATE 1/10/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Attachment
P02000019080
44000757



FLORIDA DEPARTMENT OF STATE
Secretary of State
Glenda E. Hood
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

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ANNUAL REPORT NOTICE

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THE PAINT DOCTOR OF CENTRAL FLORIDA, INC.
14041 LEMON VALLEY PLACE
TAMPA FL 33625-3160

To receive a form by mail:

- Detach this postcard.
- Enter change of address, if applicable.
- Affix postage on reverse side, and mail.
- Allow 7-10 business days to receive form.

P02000019080
THE PAINT DOCTOR OF CENTRAL FLORIDA, INC.
14041 LEMON VALLEY PLACE
TAMPA FL 33625-3160

Change of Address

