

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

2004 MAY 12 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000027031

1. Entity Name
B. C. PAINTING & MORE, INC.



Principal Place of Business
8163 SUSIE STREET
JACKSONVILLE, FL 32210

Mailing Address
8163 SUSIE STREET
JACKSONVILLE, FL 32210



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-1873553

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BURGETT, JOHNATHAN
8163 SUSIE STREET
JACKSONVILLE, FL 32210

**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 PD
NAME BURGETT, JOHNATHAN
STREET ADDRESS 8163 SUSIE STREET
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE STD
NAME CAIN, MATTHEW
STREET ADDRESS 7536 PINNACLE DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32221

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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700036275547
05/13/04--01077--009 **550.00

**DO NOT WRITE
IN THIS SPACE**

5/12
VCM

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

05-08-05

Date

Daytime Phone #