



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90035 037 ***150.00

DOCUMENT # P02000028479 1. Entity Name NEGRON'S PAINTING, INC.																																						
Principal Place of Business 4380 IOLA DRIVE SARASOTA, FL 34231			Mailing Address 4380 IOLA DRIVE SARASOTA, FL 34231																																			
2. Principal Place of Business 1345 Fraser Pine Blvd Suite, Apt. #, etc.		3. Mailing Address 3212 South Gate Cir Suite, Apt. #, etc.																																				
City & State Sarasota FL		City & State Sarasota FL		4. FEI Number 74-3032097																																		
Zip 34240		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																		
6. Name and Address of Current Registered Agent NEGRON, STEVEN 3956 BRECK LANE SARASOTA, FL 34232 1345 Fraser Pine Blvd Sarasota FL 34240				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1345 Fraser Pine Blvd City Sarasota FL Zip Code 34240																																		
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D NEGRON, STEVEN</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">3956 BRECK LANE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">SARASOTA, FL 34232</td> </tr> </table>			TITLE	D NEGRON, STEVEN	<input type="checkbox"/> Delete	STREET ADDRESS	3956 BRECK LANE		CITY-ST-ZIP	SARASOTA, FL 34232		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">President, or VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td colspan="2">Director</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">1345 Fraser Pine Blvd</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Sarasota FL 34240</td> </tr> <tr> <td>TITLE</td> <td>Secretary, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td colspan="2">Negron, Robin</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">1345 Fraser Pine Blvd</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Sarasota FL 34240</td> </tr> </table>			TITLE	President, or VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		NAME	Director		STREET ADDRESS	1345 Fraser Pine Blvd		CITY-ST-ZIP	Sarasota FL 34240		TITLE	Secretary, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		NAME	Negron, Robin		STREET ADDRESS	1345 Fraser Pine Blvd		CITY-ST-ZIP	Sarasota FL 34240	
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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: <u>Steve Negron</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: <u>4/2/04</u> 941 374 2163 Daytime Phone #																																		