

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-12-2004 90014 019 ***150.00

DOCUMENT # P02000034987 1. Entity Name FINGER PAINTING, INC.					
Principal Place of Business 210 6TH AVE. MELBOURNE BEACH FL 32951			Mailing Address 210 6TH AVE. MELBOURNE BEACH FL 32951		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 37-1425816	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ONGANIA, STEFAN 210 6TH AVE. MELBOURNE BEACH FL 32951				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE 0 Stefan ☐ Delete NAME ONGANIA, STEFAN STREET ADDRESS 210 6TH AVE CITY-ST-ZIP MELBOURNE FL 32951			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/22/04 Daytime Phone # 321 953 8245		