
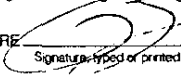



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90040 007 ***150.00

| | | | |
|---|---------------------------------|--|--|
| DOCUMENT # P02000037779 1. Entity Name FLORIDA STATE PAINTING & WALLCOVERING "INC." | |  | |
| Principal Place of Business 609 SPRING ISLAND WAY ORLANDO, FL 32828 | | Mailing Address 609 SPRING ISLAND WAY ORLANDO, FL 32828 | |
| 2. Principal Place of Business 1671 RIVEREDGE RD. | | 3. Mailing Address 1671 RIVEREDGE RD. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State OVIEDO, FL | | City & State OVIEDO, FL | |
| Zip 32765 | Country | Zip 32765 | Country |
| 4. FEI Number 48-1263944 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MAGNOTTI, PHILIP 609 SPRING ISLAND WAY ORLANDO, FL 32828 | | 7. Name and Address of New Registered Agent Name MAGNOTTI, PHILIP Street Address (P.O. Box Number is Not Acceptable) 1671 RIVEREDGE RD. City OVIEDO | |
| 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. | | FL Zip Code 32765 | |
| SIGNATURE  PHILIP MAGNOTTI <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | DATE 3/29/04 | |
| 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 P NAME MAGNOTTI, PHILIP | <input type="checkbox"/> Delete | TITLE P NAME MAGNOTTI, PHILIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 609 SPRING ISLAND WAY | | STREET ADDRESS 1671 RIVEREDGE RD. | |
| CITY-ST-ZIP ORLANDO, FL 32828 | | CITY-ST-ZIP OVIEDO FL 32765 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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)(l), 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:  PHILIP MAGNOTTI <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date 3/29/04 | |
| Daytime Phone # | | | |