


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90022 014 \*\*\*150.00

DOCUMENT # P02000043615		
1. Entity Name DURHAM PAINTING, INC.		

Principal Place of Business 340 GARDNER DRIVE FT WALTON BEACH FL 32548	Mailing Address 340 GARDNER DRIVE FT WALTON BEACH FL 32548
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2. Principal Place of Business <i>Hern</i>	3. Mailing Address <i>340 Gardner Drive</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>OKALAHOOSA Florida</i>	4. FEI Number 04-3659689	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 32548	Country F.W.B	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DURHAM, ROBERT E 340 GARDNER DRIVE FT WALTON BEACH FL 32548	
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7. Name and Address of New Registered Agent Name <i>Durham Painting Inc</i> Street Address (P.O. Box Number is Not Acceptable) <i>340 Gardner Drive</i> City <i>FWR</i> FL Zip Code <i>32548</i>	
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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]* (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURHAM, ROBERT E 340 GARDNER DRIVE FT WALTON BEACH FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST DURHAM, ROBERT E 340 GARDNER DRIVE FT WALTON BEACH FL 32548 <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)(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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *1-20-04* Daytime Phone # *850-244-3636*