

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-29-2004 90102 024 ***150.00

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1. Entity Name
DEL PETERS PAINTING, INC.



Principal Place of Business
982 COUNTY ROAD 439B
LAKE PANASOFFKEE, FL 33538

Mailing Address
982 COUNTY ROAD 439B
LAKE PANASOFFKEE, FL 33538



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1534868

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PETERS, DELMER R
982 COUNTY ROAD 439B
LAKE PANASOFFKEE, FL 33538

**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	D/T
NAME	PETERS, DELMER R
STREET ADDRESS	982 COUNTY ROAD 439B
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538
TITLE	D/P
NAME	PETERS, VICKI C
STREET ADDRESS	982 COUNTY ROAD 439B
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538
TITLE	McLendon, Kenny D/
NAME	15303 Taliaferro Ave.
STREET ADDRESS	Tampa, FL 33613
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Vicki Peters - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/04 352-303-6803

Date

Daytime Phone #