


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000050731		
1. Entity Name ADVANCED PAINTING SYSTEMS OF CENTRAL FLORIDA, INC.		
Principal Place of Business 706 INGRAHAM AVE HAINES CITY, FL 33844	Mailing Address 706 INGRAHAM AVE HAINES CITY, FL 33844	



04132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 11-3643483	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  WHISLER, MARK 4022 COUNTRY CLUB RD S HAINES CITY, FL 33844
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**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: <u>MARK T WHISLER</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE: <u>4/13/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

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	U000000115171 04/16/04-80014-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHISLER, MARK T 706 INGRAHAM AVE HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TALBOTT, DAVID G 5378 WILBAR LANE HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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, indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made by the officer or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that the information has not been changed, or on an attachment with an address with all other like empowered.		I am an officer or director of the corporation as indicated in Block 10 or Block 11 if
SIGNATURE: <u>MARK T WHISLER</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <u>4/13/04</u> <small>Date</small>	DAYTIME PHONE: <u>(863) 422 3211</u> <small>Daytime Phone #</small>