


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000051243	
1. Entity Name SPRAYTEK INDUSTRIES, INC.	

Principal Place of Business 1200 OLD DIXIE HWY #5 LAKE PARK, FL 33403	Mailing Address 1200 OLD DIXIE HWY #5 LAKE PARK, FL 33403
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DO NOT WRITE IN THIS SPACE



02092004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0438514	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DELGADO, SANTIAGO JR 1200 OLD DIXIE HWY #5 LAKE PARK, FL 33403	DO NOT WRITE IN THIS SPACE
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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 <u>Santiago Delgado, Jr Pres</u> <small>Signature, typed or printed name of registered agent and title if applicable. (If 2002 Registered Agent signature required when reinstating)</small>	DATE <u>4-20-04</u>

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELGADO, SANTIAGO JR 1200 OLD DIXIE HWY LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLOMBO, DENNIS 86 SPARROW COURT ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000125092
04/22/04-80070-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4-20-04</u> Daytime Phone # <u>561 844 1335</u>