2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 12, 2004 8:00 am Secretary of State **DOCUMENT # P02000081534** 1. Entity Name 04-12-2004 90270 044 ***150.00 JEC PAINTING CORPORATION Principal Place of Business Mailing Address 407 GILLESPIE AVE 407 GILLESPIE AVE SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Piêce of Business 407 6 Up Structure 3. Mailing Address CR2E034 (11/03) Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE City & State City & State 4. FEI Number Applied For 03-0466541 SAYASO] Not Applicable QYASATA Country Zip Country \$8.75 Additional 5. Certificate of Status Desired A :ک.د Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RENAISSANCE TAX & BUSINESS SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **5348 DREW RD** VENICE FL 34293 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1; 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ח TITLE ☐ Change ☐ Addition Defete NAME CERDA, JESUS E NAME **407 GILLESPIE AVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP TITLE Delete TITLE Change Addition CERDA, OLGA NAME NAME 407 GILLESPIE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME · - --STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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: NG OFFICER OR DIRECTOR