

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000129802 1. Entry Name S P F TINTING, INC.		
Principal Place of Business 2049 BELLA BREEZE CT NAVARRE, FL 32566	Mailing Address 2049 BELLA BREEZE CT NAVARRE, FL 32566	
DO NOT WRITE IN THIS SPACE		
<div style="display: flex; justify-content: space-between;"> 07012004 No Chg-P CR2E034 (10/03) </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> 4. FEI Number 82-0577347 </div> <div style="border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> 5. Certificate of Status Desired <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px;"> \$8.75 Additional Fee Required </div> </div>		
6. Name and Address of Current Registered Agent STEELE, RONNIE O 921 DENTON BLVD APT 909 FT WALTON BEACH, FL 32547		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 _____ <small>Signature, typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature required when re-stating); DATE _____</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEELE, RICHARD M 4717 HICKORY RIDGE RD LEBANON, TN 37087	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEELE, RUSSELL P 2049 BELLA BREEZE CT NAVARRE, FL 32566	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEELE, RODNEY A 2100 GARDNER RD GRADY, AL 36036	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"> 7/01/04 850-543-5054 </div> <small>Date Daytime Phone #</small>



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