

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000014886

1. Entity Name
PRO LINE PAINTING OF BREVARD, INC.



FILED

04 NOV 12 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
800 HAVELOCK AVENUE SW
PALM BAY, FL 32908

Mailing Address
800 HAVELOCK AVENUE SW
PALM BAY, FL 32908



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11042004

Chg-P

CR2E034 (10/03)

4. FEI Number
04-3739587

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISHER, DEANNA M S
800 HAVELOCK AVENUE SW
PALM BAY, FL 32908

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME FISHER, BRIAN L P
STREET ADDRESS 800 HAVELOCK AVENUE SW
CITY - ST - ZIP PALM BAY, FL 32908

TITLE S
NAME FISHER, DEANNA M S
STREET ADDRESS 800 HAVELOCK AVENUE SW
CITY - ST - ZIP PALM BAY, FL 32908

TITLE T
NAME FISHER, DEANNA M T
STREET ADDRESS 800 HAVELOCK AVENUE SW
CITY - ST - ZIP PALM BAY, FL 32908

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME william screws
STREET ADDRESS 800 Havelock Ave
CITY - ST - ZIP Palm Bay, FL 32908

TITLE
NAME 200042698802
STREET ADDRESS 11/12/04-01061--024 **70.00
CITY - ST - ZIP

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

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:

Deanna Ishu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/04 (321)676-3085

Date Daytime Phone #