




2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Oct 01, 2004 8:00 am
Secretary of State

03-10-2004 90031 045 ***150.00

DOCUMENT # P03000017956			
1. Entity Name JASON SILFIES PAINTING INC.			
Principal Place of Business 6415 DALLAS AVE PORT ST JOHN FL 32927		Mailing Address 6415 DALLAS AVE PORT ST JOHN FL 32927	
2. Principal Place of Business 6415 DALLAS AVE.		3. Mailing Address 6415 DALLAS AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State COCOA FL.		City & State COCOA FL.	
Zip 32927		Zip 32927	
Country FLORIDA		Country FLORIDA	
4. FEI Number 30-0161440		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 FEHNEL, JENNIFER 6415 DALLAS AVE PORT ST JOHN FL 32927		7. Name and Address of New Registered Agent	
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 		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILFIES, JASON 6415 DALLAS AVE PORT, ST JOHN FL 32927 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FEHNEL, JEROMEY 6415 DALLAS AVE PORT, ST JOHN FL 32927 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FEHNEL, JENNIFER 6415 DALLAS AVE PORT, ST JOHN FL 32927 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 8-20-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



MOORE CR2E034 (11/03)



Attachment
66434362

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 12, 2004

JASON SILFIES PAINTING INC.
6415 DALLAS AVE
PORT ST JOHN, FL 32927

Subject: JASON SILFIES PAINTING INC.

Reference Number: P03000017956

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RH

ANNUAL REPORTS SECTION

Sorry due to hurricanes I have not been
around. I was out of town for a month.

THANK YOU

Jason Silfies