

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2004 8:00 am
Secretary of State

06-18-2004 90003 029 ***150.00

DOCUMENT # P03000018885



1. Entity Name
CARMONA'S PAINTING, INC.

Principal Place of Business
13106 SAN ANTONIO WOODS LANE
ORLANDO, FL 32824

Mailing Address
13106 SAN ANTONIO WOODS LANE
ORLANDO, FL 32824

54057972



2. Principal Place of Business
4557 PHILADELPHIA CIRC

3. Mailing Address
4557 PHILADELPHIA CIRC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06142004 Chg-P CR2E034 (10/03)

City & State
KISSIMMEE ; FLORIDA

City & State
KISSIMMEE ; FLORIDA

4. FEI Number
11-3679178

Applied For
 Not Applicable

Zip
34746

Country
USA

Zip
34746

Country
USA

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

CARMONA, ARTURO B
13106 SAN ANTONIO WOODS LANE
ORLANDO, FL 32824

Name **ARTURO B. CARMONA**

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

4557 PHILADELPHIA CIRC.

City **KISSIMMEE**

FL

Zip Code **34746**

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

President

06-10-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
 NAME **CARMONA, ARTURO B**
 STREET ADDRESS **13106 SAN ANTONIO WOODS LANE**
 CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE **VICE PRESIDENT** Change Addition
 NAME **ARTURO B. CARMONA**
 STREET ADDRESS **4557 PHILADELPHIA CIRCLE**
 CITY-ST-ZIP **KISSIMMEE; FL; 34746**

TITLE VD Delete
 NAME **CARMONA, SANDRA**
 STREET ADDRESS **13106 SAN ANTONIO WOODS LANE**
 CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE **TREASURY** Change Addition
 NAME **SANDRA CARMONA**
 STREET ADDRESS **4557 PHILADELPHIA CIRCLE**
 CITY-ST-ZIP **KISSIMMEE; FL; 34746**

TITLE STD Delete
 NAME **GONZALEZ, DORA S**
 STREET ADDRESS **13106 SAN ANTONIO WOODS LANE**
 CITY-ST-ZIP **ORLANDO, FL 32824**

TITLE **SECRETARY** Change Addition
 NAME **DORA S. GONZALEZ**
 STREET ADDRESS **4557 PHILADELPHIA CIRCLE**
 CITY-ST-ZIP **KISSIMMEE; FL; 34746**

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
 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:

Arturo B. Carmona
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-10-04 Date
407 579 8380 Daytime Phone #