## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2004 8:00 am Secretary of State

DOCUMENT # P03000020934  1. Entity Name ELDON WARD PAINTING, INC.				04-29-200	4 90251 025 ***150.00	
Principal Place of Business Mailing Address				7		
		10260 WATERS EDGE CT BROOKSVILLE, FL 34613		Lipëriësi in palës illi sam Psin	êsii: 4808 lisi: Ashs iblis cii) Blaisar (1286)	
Principal Place of Business     3. Mailing Address		3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc		Suite, Apt. #, etc.		03172004 Chg-P	CR2E034 (10/03)	
City & State City &		City & State		4. FEi Number 02 - 0653952	Applied For Not Applicable	
_Zip	Country	Zip	Country	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	
WARD, ELDON B			Name	Name		
10260 WATERS EDGE CT BROOKSVILLE, FL 34613			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
		<b>!</b> -	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 FLOON B. WAND PRESIDENT 4-26-04  Signature, upped or printed name of repostered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10.	OFFICERS AND	<del> </del>	11.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 11	
TITLE NAME	PRESIDENT ELDON B. WARD	☐ Delete .	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS	10260 WATERS EDGE	CT.	STREET ADDRESS			
CITY-ST-ZIP	WEEKI WACHEE, FI		CITY-ST-ZIP			
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NAME		**************************************	NAME			
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CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>		
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STREET ADDRESS			STREET ADDRESS			
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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.						