2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 23, 2004 8:00 am
Secretary of State
01-23-2004 90031 040 ***150.00

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01192004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000021722

1. Entity Name
HERB WEST PAINTING CONTRACTOR INC.

Principal Place of Business	Mailing Address
1361 SE ST. JOSEPH AVE. STUART, FL 34996	1361 SE ST. JOSEPH AVE. STUART, FL 34996

2. Principal Place of Business	3. Mailing Address
1361 SE ST Joseph AVE	1361 SE ST Joseph AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Stuart FL	City & State: Stuart FL
Zip: 34996 Country: USA	Zip: 34996 Country: USA

4. FEI Number: 54-2106116 ☐ 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
WEST, HERB 1361 SE ST. JOSEPH AVE. STUART, FL 34996	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 ______________________________

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WEST, HERB		NAME	
STREET ADDRESS	1361 SE ST. JOSEPH AVE.		STREET ADDRESS	
CITY ST ZIP	STUART, FL 34996		CITY ST ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY ST ZIP			CITY ST ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY ST ZIP			CITY ST ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY ST ZIP			CITY ST ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY ST ZIP			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: HERB WEST [signature] 1-19-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #