

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024021

FILED
Apr 29, 2004
Secretary of State

Entity Name: BUFF PAINTING INC.

Current Principal Place of Business:

1919 BAYWOOD DR.
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

1919 BAYWOOD DR.
SARASOTA, FL 34231 US

New Mailing Address:

FEI Number: 05-0557241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DERYLAK, MICHAEL
2359 TANGERINE DR.
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DERYLAK, MICHAEL
Address: 2359 TANGERINE DR.
City-St-Zip: SARASOTA, FL 34239 US

Title: VP () Delete
Name: DONSON, TONY
Address: 2557 RINGLING BLVD
City-St-Zip: SARASOTA, FL 34237 US

Title: DIR () Delete
Name: AMMAN, JAY
Address: 1355 HIDDEN CREEK EAST
City-St-Zip: SARASOTA, FL 34243 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DERYLAK, MICHAEL
Address: 2359 TANGERINE DR.
City-St-Zip: SARASOTA, FL 34239 US

Title: VPD (X) Change () Addition
Name: DONSON, TONY
Address: 2557 RINGLING BLVD
City-St-Zip: SARASOTA, FL 34237 US

Title: STD (X) Change () Addition
Name: AMMAN, JAY
Address: 1355 HIDDEN CREEK EAST
City-St-Zip: SARASOTA, FL 34243 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL DERYLAK

PD

04/29/2004

Electronic Signature of Signing Officer or Director

Date