

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90054 038 \*\*\*150.00

<b>DOCUMENT # P03000028442</b>					
<b>1. Entity Name</b> MARK D'S CUSTOM PAINTING, INC.					
<b>Principal Place of Business</b> 14264 SOUTH ROYAL COVE CIRCLE DAVIE, FL 33325			<b>Mailing Address</b> 14264 SOUTH ROYAL COVE CIRCLE DAVIE, FL 33325		
<b>2. Principal Place of Business</b> 6759 Salt Pond Dr. N.		<b>3. Mailing Address</b> 6759 Salt Pond Dr. N.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212004    Chg-P    CR2E034 (10/03)	
<b>City &amp; State</b> Jacksonville, FL		<b>City &amp; State</b> Jacksonville, FL		<b>4. FEI Number</b> 134239952	
<b>Zip</b> 32219		<b>Country</b> USA		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>Zip</b> 32219		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DEHLINGER, MARK S 14264 SOUTH ROYAL COVE CIRCLE DAVIE, FL 33325			<b>7. Name and Address of New Registered Agent</b>		
DEHLINGER, MARK S 14264 SOUTH ROYAL COVE CIRCLE DAVIE, FL 33325			<b>Name</b> Mark S. Dehlinger		
			<b>Street Address (P.O. Box Number is Not Acceptable)</b> 6759 Salt Pond Drive North		
			<b>City</b> Jacksonville		
			<b>FL</b> <b>Zip Code</b> 32219		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Mark S. Dehlinger</i> <b>DATE:</b> 4/26/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D	<b>NAME</b> DEHLINGER, MARK S		<b>TITLE</b> D	<b>NAME</b> Mark S. Dehlinger	
<b>STREET ADDRESS</b> 14264 SOUTH ROYAL COVE CIRCLE	<b>DAVIE, FL 33325</b>		<b>STREET ADDRESS</b> 6759 Salt Pond Drive North	<b>Jacksonville, FL 32219</b>	
<b>CITY-ST-ZIP</b> DAVIE, FL 33325	<input type="checkbox"/> Delete		<b>CITY-ST-ZIP</b> Jacksonville, FL 32219	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Mark S. Dehlinger</i> <b>DATE:</b> 4/26/04 <b>904-768-3207</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					