

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90184 047 ***150.00

DOCUMENT # P03000046699 1. Entity Name R.V.P PAINTING & MAINTENANCE, CO.			
Principal Place of Business 11108 ESSEX RIDGE CT. ORLANDO, FL 32837		Mailing Address 11108 ESSEX RIDGE CT. ORLANDO, FL 32837	
2. Principal Place of Business Suite, Apt. #, etc. 2138 Tip Tree Cr City & State ORLANDO FLORIDA Zip 32837		3. Mailing Address Suite, Apt. #, etc. 2138 Tip Tree Cr City & State ORLANDO FLORIDA Zip 32837	
4. FEI Number 51-0462372		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VASQUEZ, RICHARD E 11108 ESSEX RIDGE CT. ORLANDO, FL 32837		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2138 Tip Tree Cr City & State ORLANDO FL Zip Code 32837	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VASQUEZ, RICHARD E 11108 ESSEX RIDGE CT. ORLANDO, FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2138 Tip Tree Cr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ORLANDO FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEREZ, MARGOT E 11108 ESSEX RIDGE CT. ORLANDO, FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2138 Tip Tree Cr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ORLANDO FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date _____		Day/Time Phone # _____	