

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000051787

FILED
Jan 07, 2004
Secretary of State

Entity Name: PANOS CUSTOM PAINTING, INC.

Current Principal Place of Business:

1279 KINGSLEY AVE., STE. 118
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

1279 KINGSLEY AVE., STE. 118
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 41-2104036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOPELOUSOS, JOHN ESQ.
1279 KINGSLEY AVE., STE. 118
ORANGE PARK, FL 32073

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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: PANOS, CONSTANTINE
Address: 1279 KINGSLEY AVENUE, SUITE 118
City-St-Zip: ORANGE PARK, FL 32073

Title: S/T () Change (X) Addition
Name: KOPELOUSOS, JOHN
Address: 1279 KINGSLEY AVE., SUITE 118
City-St-Zip: ORANGE PARK, FL 32073

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: JOHN KOPELOUSOS

S/T

01/07/2004

Electronic Signature of Signing Officer or Director

_____ Date