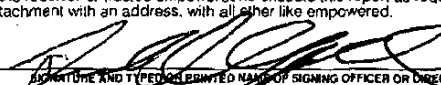


FILED
Mar 10, 2004 8:00 am
Secretary of State

02-19-2004 90026 008 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000061267 1. Entity Name AFFORDABLE PAINTING & CLEANING, INC.			
Principal Place of Business PO BOX 830489 OCALA, FL 34483 US		Mailing Address PO BOX 830489 OCALA, FL 34483 US	
2. Principal Place of Business 4085 SE 39 th Circle Suite, Apt. #, etc.		3. Mailing Address 4085 SE 39 th Circle Suite, Apt. #, etc.	
City & State OCALA, FL		City & State OCALA, FL	
Zip 34480		Country U.S.A.	
4. FEI Number 01-0786308		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		01122004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent ADAMS, JOHN Q. II 3021 SW 27TH AVENUE UNIT 2 OCALA, FL 34474		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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 NAME STREET ADDRESS CITY-ST-ZIP	P CHAPPELL, JACK N PO BOX 830489 OCALA, FL 34483 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PECHECO, RUBEN PO BOX 830489 OCALA, FL 34483 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		JACK Chappell 2-13-04 (352) 407-1335	