

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000065966

FILED
Apr 30, 2004
Secretary of State

Entity Name: PROFESSIONAL PAINT SERVICES, INC.

Current Principal Place of Business:

6542 HYPOLUXO RD STE 329
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

6542 HYPOLUXO RD STE 329
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 20-0118159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TRAVIS, BENJAMIN J
12295 EQUINE LN
WELLINGTON, FL 33414 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: D () Delete
Name: TRAVIS, BENJAMIN J IV
Address: 12295 EQUINE LND STE 329
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: FOGLEMAN, THOMAS S R
Address: 6542 HYPOLUXO RD
City-St-Zip: LAKE WORTH, FL 33467

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FOGLEMAN, THOMAS E SR
Address: 901 NW 45AVE
City-St-Zip: COCONUT CREEK, FL 33066

Title: V () Change (X) Addition
Name: KOSKI, MATTHEW S
Address: 6542 HYPOLUXO RD. #329
City-St-Zip: LAKE WORTH, FL 33467

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: BENJAMIN J. TRAVIS IV

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

Date