

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90057 019 ***150.00

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1. Entity Name
BRUCE GIBBONS CUSTOM PAINTING, INC.



Principal Place of Business
8149-1 103RD ST
JACKSONVILLE, FL 32210

Mailing Address
8149-1 103RD ST
JACKSONVILLE, FL 32210

2. Principal Place of Business
8275-1 103rd St

3. Mailing Address
8275-1 103rd St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03092004

Chg-P

CR2E034 (10/03)

4. FEI Number
58-2672765

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAKER, RANDY
8149-1 103RD ST
JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
8275-1 103rd St

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

Signature, typed or printed name of registered agent and title if applicable

(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

TITLE D ☐ Delete
NAME BAKER, RANDY
STREET ADDRESS 8149-1 103RD ST
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE D ☐ Delete
NAME GIBBONS, BRUCE
STREET ADDRESS 6926 HUNTINGTON WOODS CIR W
CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE D ☐ Delete
NAME CARLSON, WILLIAM
STREET ADDRESS 1833 LAKESHORE DR
CITY-ST-ZIP ORANGE PK, FL 32003

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8275-1 103rd St
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Randy Baker*

Randy Baker, Director

4/7/04

904-838-0527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #