04-30-2004 90293 031 *** 150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT				14 12 1 1 3	
DOCUMENT # P03000068661			O4 MAY 14 PM 12: 43		
DIABATTISTE PAINTING, INC.			TÄLLAHASSE	E. FLORIUA	
Dibattiste Fainting INC. Principal Place of Business Mailing Address			24061620		
1414 HWY 179 1414 HWY 179 BONIFAY, FL 32425 BONIFAY, FL 32425		•	6.3	001040	
				Barnor foren adella erren kardak er herk	
Principal Place of Business 3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01232004 Chg-P C	R2E034 (10/03)	
City & State	City & State		1. 20-0970329	Applied For Not Applicable	
Zip Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent					
Name Di Rullista Iraik IT					
DIABATTISTE, FRANK J 1414 HWY 179		Street Address (Street Address (P.O. Box Number is Not Acceptable)		
BONIFAY, FL 32425		11411	H1.V1 170		
		City P	Viffin	FL Zipson/105	
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 25 0 126-04					
Signature, typeg of printed name of registered agent and tide it applicable. (MOTE: Registered Agent signature required when releasting) DATE					
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.					
	FICERS AND DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 11	
TITLE P	☐ Delete		offiste Frank J	Change Addition	
NAME DIABATTISTE, FRAN STRET ADDRESS 1414 HWY 179	IK J	NAME DID	Hwy 179	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
CITY-ST-ZIP BONIFAY, FL 32425		CITY-ST-ZIP POP	sitting Fr 32425		
NAME DIABATTISTE, FRAN	IK J	HAME DIO	attiste, Frank J	Change Addition	
STREET ADDRESS 1414 HWY 179 CITY-ST-ZIP BONIFAY, FL 32425		STREET ADDRESS 1410 CITY-ST-ZIP FON	Hwy179 32425	÷	
TITLE - NAME	Dotete -	'TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP	☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS		NAME Street address			
CITY-ST-ZIP -	<u> </u>	· CITY-ST-ZIP		•	
TITLE NAME	☐ Delete	TITLE NAME	,	Change Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADORESS CITY-ST-ZIP			
TITLE	☐ Delete	ΠΠLE		Change Addition	
NAME STREET ADDRESS		NAME Street address		``	
CITY-ST-ZIP	annolised that also determined to the	CHY-ST-ZIP	110 07/0V/2 CL 11 0	25.25.25	
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 early that I'em 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. Frank J. D. Bathste					
SIGNATURE: SECHATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OF DIRECTOR Lawrence AND TYPED OF PRINTED HAME OF SIGNING OFFICER OF DIRECTOR LAWRENCE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OF DIRECTOR					