2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Aug 27, 2004 8:00 am Secretary of State **DOCUMENT # P03000075640** 1. Entity Name 08-27-2004 90001 037 ***158.75 RICHARD C. CALHOUN PAINTING, INC. Principal Place of Business Mailing Address 5321 CHICORY CIR MIDDELBURG FL 32068 5321 CHICORY CIR MIDDELBURG FL 32068 2. Principal Place of Business 3. Mailing Address 2928 MAJESTIC OAKS LN 2928 MAJESTICOAKS LN Suite, Apt. #, etc CR2E034 (4/04) 4. FEI Number 59-3728360 City & State City & State Applied For GREEN COVE <u>SP()</u> Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLOOMER, GEORGE M III Street Address (P.O. Box Number is Not Acceptable) 4429 CR 218 W MIDDELBURG FL 32068 City 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 \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 ΩP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CALHOUN, RICHARD C NAME NAME STREET ADDRESS 5321 CHICORY CIR STREET ADDRESS MIDDELBURG FL 32068 CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE WHITEHEAD, REBECCA M NAME NAME 5321 CHICORY CIR STREET ADDRESS STREET ADDRESS MIDDELBURG FL 32068 CITY-ST-ZIP CITY-ST-ZIF Delete Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED