# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 25, 2004**
**Secretary of State**

DOCUMENT# P03000090118

**Entity Name:** PRO FINISH PAINTING, INC.

**Current Principal Place of Business:**

PO BOX 395
HOLDER, FL 34427

**New Principal Place of Business:**

P.O. BOX 1479
HOMOSASSA SPRINGS, FL 34447

**Current Mailing Address:**

PO BOX 395
HOLDER, FL 34427

**New Mailing Address:**

P.O. BOX 1479
HOMOSASSA, FL 34447

**FEI Number: 56-2393203** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LESLIE, DAVID
9668 N LORETTA WAY
CITRUS SPRINGS, FL 34434 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

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: LESLIE, DAVID
Address: PO BOX 395
City-St-Zip: HOLDER, FL 34427

Title: V (X) Delete
Name: SOMMERS, KAREN
Address: 9668 N LORETTA WAY
City-St-Zip: CITRUS SPRINGS, FL 34434

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: LESLIE, DAVID
Address: P.O. BOX 1479
City-St-Zip: HOMOSASSA, FL 34447

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

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: DAVID LESLIE P 08/25/2004

Electronic Signature of Signing Officer or Director Date