

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90985 011 ***150.00

DOCUMENT # P03000094245

1. Entity Name

TSM PAINTING, INC.



Principal Place of Business

8314 COMMONWEALTH AVE.
JACKSONVILLE FL 32220

Mailing Address

8314 COMMONWEALTH AVE.
JACKSONVILLE FL 32220

34000000



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

43-2026788

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLAND, SHANNON
8314 COMMONWEALTH AVE.
JACKSONVILLE FL 32220

Name

THOMAS L. NEWBOLD

Street Address (P.O. Box Number is Not Acceptable)

8314 COMMONWEALTH AVE

City

JACKSONVILLE

FL

Zip Code

32220

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME NEWBOLD, MELISSA A ☒ Delete
STREET ADDRESS 8314 COMMONWEALTH AVE.
CITY-ST-ZIP JACKSONVILLE FL 32220

TITLE OWNER/PRESIDENT ☒ Change ☒ Addition
NAME THOMAS L. NEWBOLD
STREET ADDRESS 8314 COMMONWEALTH AVE
CITY-ST-ZIP JACKSONVILLE, FL 32220

TITLE V
NAME POLAND, SHANNON M ☒ Delete
STREET ADDRESS 8314 COMMONWEALTH AVE.
CITY-ST-ZIP JACKSONVILLE FL 32220

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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: Thomas L. Newbold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-04 904-318-3704
Date Daytime Phone #