


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2004 8:00 am
Secretary of State

06-30-2004 90001 032 ***150.00

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--|
| DOCUMENT # P03000095293 1. Entity Name OLDFIELD PAINTING, INC. | | | |  | |
| Principal Place of Business 9018 US HWY 90 W DEFUNIAK SPGS, FL 32433 US | | | Mailing Address 9018 US HWY 90 W DEFUNIAK SPGS, FL 32433 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FFL Number 35-2213404 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent OLDFIELD, WILLIAM J 9018 US HWY 90 W DEFUNIAK SPGS, FL 32433 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE P. | <input type="checkbox"/> Delete | | TITLE VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME OLDFIELD, WILLIAM J | STREET ADDRESS 9018 US HWY 90 W | | NAME PENNIS MORGAN | STREET ADDRESS 9018 Hwy. 90W. | |
| CITY-ST-ZIP DEFUNIAK SPGS, FL 32433 | | | CITY-ST-ZIP Defuniak Spgs., FL 32433 | | |
| TITLE VP | <input checked="" type="checkbox"/> Delete | | TITLE VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME BRYCE, RODERICK C JR | STREET ADDRESS 9056 US HWY 90 W | | NAME Donald Davis | STREET ADDRESS 9018 Hwy. 90W. | |
| CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433 | | | CITY-ST-ZIP Defuniak Spgs, FL 32433 | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STREET ADDRESS | | NAME | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | STREET ADDRESS | | NAME | 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 live employees. | | | | | |
| SIGNATURE: <i>William J. Oldfield</i> | | | Date: 6-28-04 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Daytime Phone #: 850-892-0415 | | |

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