2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90330 029 ***150.00

DOCUMENT # P03000100106

1. Entity Name
JURO R. PAINTING, INC.

Principal Place of Business	Mailing Address
5313 OLIVE AVE. SARASOTA, FL 34231	5313 OLIVE AVE. SARASOTA, FL 34231

01242004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2070 OLD Pine Way	2070 OLD Pine Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota FL	City & State: Sarasota, FL
Zip: 34232 Country: US	Zip: 34232 Country: US

4. FEI Number 60-0005126 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RIGO, JURO
5313 OLIVE AVE
SARASOTA, FL 34231

7. Name and Address of New Registered Agent

Name: Juro Rigo
Street Address (P.O. Box Number is Not Acceptable): 2070 OLD Pine Way
City: Sarasota FL Zip Code 34232

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	P RIGO, JURO 5313 OLIVE AVE SARASOTA, FL 34231 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D Rigo, Juro 2070 OLD Pine Way SARASOTA, FL 34232 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ______________________ 4/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #