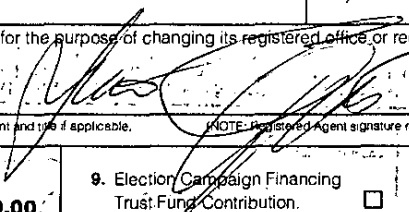
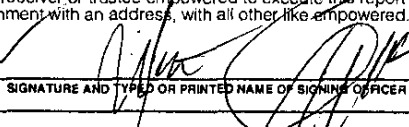


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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 5313 OLIVE AVE. SARASOTA, FL 34231		Mailing Address 5313 OLIVE AVE. SARASOTA, FL 34231	
2. Principal Place of Business 2070 OLD Pine Way		3. Mailing Address 2070 OLD Pine Way	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Sarasota FL		City & State Sarasota, FL	
Zip 34232		Zip 34232	
Country US		Country US	
4. FEI Number 60-0005124		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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D RIGO, JURO 2070 OLD Pine Way SARASOTA, FL 34232
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
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
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: 		Date 4/26/04 Daytime Phone # _____	