

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000102052

1. Entity Name
GANDY PAINTING, INC.



FILED

04 SEP -2 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business **DRIVE** Mailing Address **DRIVE**
1809 MICCOSUKEE COMMONS BLVD. SUITE 108
TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

09012004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0232612 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
GLOVER, RICHARD A
1809 MICCOSUKEE COMMONS BLVD.
SUITE 108
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
D GANDY, JAMES A 709 ST. PATRICK DRIVE TALLAHASSEE, FL 32310
Delete
Delete
Delete
Delete
Delete
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
VP michael L. McDuffie 1729 Riverview Road Havana, FL 32333
Change Addition
Change Addition
Change Addition
Change Addition
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: *James Gandy, President* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR