

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90006 019 ***158.75

DOCUMENT # P03000106577

1. Entity Name
VALENCIA CUSTOM PAINTING AND DESIGN, INC.



Principal Place of Business
**2910 KERRY FOREST PKWY. D4-197
TALLAHASSEE, FL 32308**

Mailing Address
**2910 KERRY FOREST PKWY. D4-197
TALLAHASSEE, FL 32308**

54072808



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09092004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-0259877

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

**VALENCIA, JACKIE
6125 EASTFIELD TRAIL
TALLAHASSEE, FL 32317**

7. Name and Address of New Registered Agent

Name **Valencia, Jackie**

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

5649 Braveheart Way

City **Tallahassee, Florida FL** Zip Code **32317**

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

Jackie Valencia, President

9/8/04

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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** ☐ Delete
NAME **VALENCIA, GREG**
STREET ADDRESS **6125 EASTFIELD TRAIL**
CITY-ST-ZIP **TALLAHASSEE, FL 32317**

TITLE **VP** ☒ Change ☐ Addition
NAME **Valencia, Greg**
STREET ADDRESS **5649 Braveheart Way**
CITY-ST-ZIP **Tallahassee, Florida 32317**

TITLE **P** ☐ Delete
NAME **VALENCIA, JACKIE**
STREET ADDRESS **6125 EASTFIELD TRAIL**
CITY-ST-ZIP **TALLAHASSEE, FL 32317**

TITLE **P** ☒ Change ☐ Addition
NAME **Valencia, Jackie**
STREET ADDRESS **5649 Braveheart Way**
CITY-ST-ZIP **Tallahassee, Florida 32317**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Jackie Valencia

Jackie Valencia

9/8/04

229-4116-5101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #