


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91002 001 ***150.00

DOCUMENT # P03000108730		
1. Entity Name A. V. PAINTING, INC.		

Principal Place of Business 207 BURNING TREE DRIVE KISSIMMEE, FL 34743	Mailing Address 207 BURNING TREE DRIVE KISSIMMEE, FL 34743
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14019200



2. Principal Place of Business 3114 Houndsworth CT	3. Mailing Address 3114 Houndsworth CT
Suite, Apt. #, etc. 504	Suite, Apt. #, etc. 504
City & State ORLANDO, FLORIDA	City & State ORLANDO, FLORIDA
Zip 32837	Country ORANGE

04212004 Chg-P CR2E034 (10/03)

4. FEI Number 73-1682131	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VELEZ, ANDRES F 207 BURNING TREE DRIVE KISSIMMEE, FL 34743	7. Name and Address of New Registered Agent Name Andros F Velez Street Address (P.O. Box Number is Not Acceptable) 3114 Houndsworth CT Apt 504 City ORLANDO FL Zip Code 32837
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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 **X** **Andros Velez** DATE **4/21/04**
(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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VELEZ, ANDRES F 207 BURNING TREE DRIVE KISSIMMEE, FL 34743 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Andros F Velez 3114 Houndsworth CT ORLANDO, FLORIDA 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **X** **Andros Velez** DATE **4/21/04** 407-797-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert M. Day, C.F.A.
Osceola County Property Appraiser
P O Box 423427
Kissimmee FL 34742-3427
(407) 343-3750
P-00038472-0000

ATTACHMENT

14019200

P03000108736

Tangible Personal Property Tax Return
Confidential §§193.074 F.S.
As Required by §§193.052 & 193.062 F.S. Return to
County Property Appraiser By April 1 to Avoid Penalties
State of Florida, County of **Osceola** 2004

Business Name (DBA - Doing Business As) and
Mailing Address

207 BURNING TREE DR



AV PAINTING INC
207 BURNING TREE DR
KISSIMMEE FL 34742-3427

Federal Employer Iden. No

73-1682131

Social Security Number

000-00-0000

NAICS/SIC 000000

If name and address is incorrect make necessary corrections

This return subject to audit with all records kept by you.

Incomplete entries are subject to penalties.

1. Please give name and telephone number of Owner or Person in charge of this Business.

Name Andres Velez Telephone _____
Corporate Name AV PAINTING, INC

2. Actual Physical Location of Property for Which this Return is Filed (Street Address - Not P.O. Box)

3. Is your business or farm located within the incorporated limits of a City? Yes ___ No ___

What City? _____

4. Do You File a Tangible Personal Property Tax Return Under Any Other Name? Yes ___ No ___

Please Show name Exactly as it Appeared on Your most recent Personal Property Tax Bill or

Other Current Tax Return. _____

5. Date you began business in this county: 2004 Fiscal year: 12/31

5a. Although my fiscal year ended prior to December 31 of the past calendar year, this return reflects property additions and deletions through December 31. Yes No

6. Describe Type or Nature of Your Business: PAINTING

7. Trade Level (Check as many as apply) Retail ☐ Wholesale ☐ Manufacturing ☐

Professional ☐ Service ☐ Agriculture ☐ Leasing/Rental ☐ Other ☐

8. Did you file a Tangible Personal Property Return in this county last Year? Yes ___ No ___

If so, under what name and where? _____

9. Former owner of the Business: _____

9a. If Business sold, to whom? _____

Date Sold _____

Personal Property Summary

THIS IS A SUMMARY SCHEDULE ONLY. The Schedules on the REVERSE SIDE must be completed in detail and TOTALS entered below. ATTACH ITEMIZED LIST or DEPRECIATION SCHEDULE showing Original Cost & Date of Acquisition.

Taxpayer's Estimate of
Fair Market Value

Original
Installed
Cost

Appraiser's
Use only

10. Office Furniture & Office Machines & Library

11. EDP Equipment, Computers, Word Processors

12. Store, Bar & Lounge, and Restaurant Furniture & Equipment, Etc.

13. Machinery and Manufacturing Equipment

14. Farm, Grove, and Dairy Equipment

15. Professional, Medical, Dental & Laboratory Equipment

16. Hotel, Motel, & Apartment Complex

16a. Rental Units - Stove, Refrig., Furniture, Drapes & Appliances

17. Mobile Home Attachments (Carport, Utility Bldg., Cabana, Porch, Etc.)

18. Service Station & Bulk Plant Equipment - Underground Tanks, Lifts, Tools

19. Signs - Billboard, Pole, Wall, Portable, Directional, Etc.

20. Leasehold improvements must be grouped by type, year of installation and description

21. Pollution Control Equipment

22. Equipment owned by you but rented, leased or held by others

23. Supplies - Not Held for Resale

24. Other - Please Specify

TOTAL PERSONAL PROPERTY

Under penalties of perjury, I declare that I have read the foregoing tax return and the accompanying schedules and statements and that the facts stated in them are true. If prepared by someone other than the taxpayer, the preparer signing this return certifies that this declaration is based on all information of which he/she has any knowledge.

DATE 4/1/04 TITLE Pres

SIGNED X Andres Velez (TAXPAYER)

SIGNED _____ (PREPARER)

ADDRESS _____

PHONE NO. _____ PREPARER'S I.D. # _____

LESS EXEMPTION: () WIDOW () WIDOWER () BLIND
() TOTAL DISABILITY () OTHER

Taxable value

Deputy

Penalty

Please sign and date your return, send the original to the county appraiser's office by April 1, unsigned returns cannot be accepted by the appraiser's office.

Notice: If you are entitled to a widow's, widower's or disability exemption on personal property (not already claimed on real estate) consult appraiser.

Schedules on Reverse Side must be completed in Full.

DR-405
R. 11/01