

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 30, 2004 8:00 am
Secretary of State

8/24/

08-24-2004 90001 035 ***150.00

DOCUMENT # P03000115070 1. Entity Name MAX PAINTING, INC.					
Principal Place of Business 1747 CLEMSOR ROAD JACKSONVILLE, FL 32217			Mailing Address 1747 CLEMSOR ROAD JACKSONVILLE, FL 32217		
2. Principal Place of Business		2. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 200312575	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PUCI, MERSIM 1747 CLEMSOR ROAD JACKSONVILLE, FL 32217				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 807.193(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	POST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUCI, MERSIM		NAME		
STREET ADDRESS	1447 CLEMSOR ROAD		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32217		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PUCI, NJAZI		NAME		
STREET ADDRESS	1747 CLEMSOR ROAD		STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE, FL 32217		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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 persons empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 8/23/04 (904) 6127493		



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

August 26, 2004

MAX PAINTING, INC.
1747 CLEMSOR ROAD
JACKSONVILLE, FL 32217

Subject: MAX PAINTING, INC.

Reference Number: P03000115070

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

ANNUAL REPORTS SECTION

BID MEMO

Attachment 66634299
DK# 103000115070

JOB	BID #
ADDRESS	DATE
FIRM	PREPARED BY
ADDRESS	APPROVED BY
TYPE OF WORK	PHONE

WORK INCLUDED	AMOUNT OF BID
<p>Attention Due to Harrison I had to leave town I same Hon I misplace this form please forgive me for being late Thankyou Meriem Pua 9/29/04</p>	
TOTAL BID	

EXCLUSIONS AND QUALIFICATIONS

ACKNOWLEDGEMENT OF ADDENDA:	TAX	
DELIVERY	EXCLUDED	
	INCLUDED	
RECEIVED BY:		