

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 29, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91255 038 \*\*\*150.00

**DOCUMENT # P03000115249**

1. Entity Name  
ALL PHASE PAINTING & REMODELING, INC.



Principal Place of Business  
137 PINECREST DR  
SANFORD, FL 32773

Mailing Address  
137 PINECREST DR  
SANFORD, FL 32773

**66430854**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-1208161

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

7. Name and Address of New Registered Agent

HEBARD, MATTHEW  
137 PINECREST DR  
SANFORD, FL 32773

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

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  
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  
DPST  
HEBARD, MATTHEW  
137 PINECREST DR  
SANFORD, FL 32773 ☐ 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  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-26-04

(407) 321-3182

*Attachment*  
**Milton G. Fisher C.P.A., P.A.**  
7520 S.W. 57 Ave, Suite A  
South Miami, Fl 33143  
305-662-2413/Fax 305-668-4703

*66430854*

July 01, 2004

Florida Department of State  
Secretary of State  
Glenda E. Hood  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

Dear Ms. Hood:

Please find enclosed a copy of your notice of intent to dissolve All Phase Painting & Remodeling, Inc. Document # P03000115249

As Taxpayer mailed the Annual Report and the \$150.00 payment to Division of Corporations, P.O. Box 1500, Tallahassee, Fl 32302-1500 on April 29<sup>th</sup> 2004 and the \$150.00 payment was cleared by taxpayer's bank on May 14<sup>th</sup>, 2004 it seems involuntary dissolution by the state to be premature.

A copy of Taxpayer's 2004 Annual Report is also attached for your records.

Due to the above timely filing and paying of the 2004 Annual Report, Taxpayer and I respectfully request immediate reinstatement and elimination of the additional assessment.

If you require additional information, please contact taxpayer or myself.

Sincerely,

  
Milton G. Fisher C.P.A., P.A.