

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000117921

1. Entity Name
THE PAINTING BY M.C., INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 28 PM 4:12

Principal Place of Business
109 13 ST
STEINHATCHEE, FL 32359

Mailing Address
109 13 ST
STEINHATCHEE, FL 32359

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



01272004

Chg-P

CR2E034 (10/03)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRESSLEY, TORI
3238 ADDISON LN
TALLAHASSEE, FL 32317

7. Name and Address of New Registered Agent

Name

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

200028311942

02/05/04--01003--003 **300.00

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

Tori Pressley
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

1/26/04
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

TITLE PVST ☐ Delete
NAME CRAIG, MARCIA
STREET ADDRESS 109 13 ST
CITY-ST-ZIP STEINHATCHEE, FL 32359

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME CRAIG, MARCIA
STREET ADDRESS 109 13 ST
CITY-ST-ZIP STEINHATCHEE, FL 32359

TITLE VP ☐ Change ☒ Addition
NAME CULVER, CHRISTOPHER
STREET ADDRESS 109 13 ST
CITY-ST-ZIP STEINHATCHEE, FL 32359

TITLE TS ☐ Change ☒ Addition
NAME CRAIG, JENNIFER
STREET ADDRESS 109 13 ST
CITY-ST-ZIP STEINHATCHEE, FL 32359

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Marcia Craig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/26/04
Daytime Phone #