

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90046 004 ***158.75

DOCUMENT # P03000118030

1. Entity Name

DEL & AMY HURLEY PAINTING SERVICES INC.



Principal Place of Business

10353 SE 128TH ST
BELLEVUE FL 34420

Mailing Address

10353 SE 128TH ST
BELLEVUE FL 34420

2. Principal Place of Business

10353 SE 128TH ST.

Suite, Apt. #, etc.

3. Mailing Address

10353 SE 128TH ST.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Belleview, FL.

City & State

Belleview, FL.

4. FEI Number

90-0139621

Applied For

Not Applicable

Zip

34420

Country

MARION

Zip

34420

Country

MARION

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HURLEY, DEL FREDERICK
10353 SE 128TH ST
BELLEVUE FL 34420

7. Name and Address of New Registered Agent

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

Del F. Hurley

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-23-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HURLEY, DEL FREDERICK
STREET ADDRESS 10353 SE 128TH ST
CITY-ST-ZIP BELLEVUE FL 34420 ☐ Delete

TITLE VSTD
NAME HURLEY, AMY HOPE
STREET ADDRESS 10353 SE 128TH ST
CITY-ST-ZIP BELLEVUE FL 34420 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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NAME
STREET ADDRESS
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:

Del F. Hurley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-04

Date

(352)288-5821

Daytime Phone #