

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90240 007 ***150.00

DOCUMENT # P03000118405

1. Entity Name
CONNIE BROWN PAINTING, INC.



Principal Place of Business
**104 BARDIN ROAD
PALATKA, FL 32177**

Mailing Address
**104 BARDIN ROAD
PALATKA, FL 32177**

54035194

2. Principal Place of Business

3. Mailing Address

497 ASLEY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092004

Chg-P

CR2E034 (10/03)

City & State

City & State

ORANGE PARK, FL

4. FEI Number

20-0350117

Applied For

Not Applicable

Zip

Country

Zip

Country

32073

US

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

**BROWN, CONNIE
104 BARDIN ROAD
PALATKA, FL 32177**

Name

ARCHIE SMART

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

497 ASLEY DRIVE

City

ORANGE PARK

FL

Zip Code

32073

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

Archie Smart

Archie Smart, President

4/9/04

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
**PS
BROWN, CONNIE
104 BARDIN ROAD
PALATKA, FL 32177**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
SMART, Archie
497 ASLEY DR
ORANGE PARK, FL 32073**

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
SMART, ARCHIE
104 BARDIN ROAD
PALATKA, FL 32177**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
SMART, Archie
497 ASLEY DR
ORANGE PARK, FL 32073**

☒ Change

☐ Addition

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TITLE
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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:

Connie Brown

CONNIE BROWN

4/9/04

904-465-1485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #