



# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P03000120990</b> 1. Entity Name <b>MD PAINTING &amp; WALLPAPER, INC.</b>				<b>FILED</b>  04 AUG 13 AM 10:59  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 577 FRESNO AVE HERNANDO, FL 34442		Mailing Address 577 FRESNO AVE HERNANDO, FL 34442			
2. Principal Place of Business 1283 E. Rockefeller Lane Suite, Apt. #, etc.		3. Mailing Address 1283 E. Rockefeller Lane Suite, Apt. #, etc.			
City & State Hernando, FL Zip 34442 Country USA		City & State Hernando, FL Zip 34442 Country USA			
4. FEI Number 36-4543349		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  BLANCHETTE, RALPH H 484 W HILLWOOD PATH BEVERLY HILLS, FL 34465			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;"> <span><b>FL</b></span> <span>Zip Code</span> </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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME MEHLENBACHER, RICHARD STREET ADDRESS 577 FRESNO AVE CITY-ST-ZIP HERNANDO, FL 34442	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 1283 E. Rockefeller Lane	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MEHLENBACHER, MARLENE STREET ADDRESS 577 FRESNO AVE CITY-ST-ZIP HERNANDO, FL 34442	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 1283 E. Rockefeller Lane	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP D Bobbie Davis 1432 E Amberjack Hernando, FL 34442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <del>880040431381</del> 08/23/04--01062--020 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 100040431381 08/23/04--01068--020 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u>Marlene Mehlenbacher</u> <u>Marlene Mehlenbacher</u> <u>8/26/04</u> <u>352-634-5152</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					