

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90283 042 ***150.00

DOCUMENT # P03000123974

1. Entity Name

APOSTLE PAINTING, INC.



Principal Place of Business

6151-4 RIVERWALK LANE
 JUPITER FL 33458

Mailing Address

6151-4 RIVERWALK LANE
 JUPITER FL 33458

2. Principal Place of Business

6151-4 RIVERWALK LANE

3. Mailing Address

6151-4 RIVERWALK LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

JUPITER FLORIDA

City & State

JUPITER FLORIDA

4. FEL Number

57-1190163

Applied For

Not Applicable

Zip

33458

Country

USA

Zip

33458

Country

USA

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

COLOSI, PAUL
 6151-4 RIVERWALK LANE
 JUPITER FL 33458

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

Paul Colosi

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D Delete
 NAME: COLOSI, PAUL
 STREET ADDRESS: 6151-4 RIVERWALK LANE
 CITY-ST-ZIP: JUPITER FL 33458

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

TITLE: Delete
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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: *Paul Colosi* PAUL COLOSI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-04 (361)3098290

Date

Daytime Phone #