2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # P03000124693** 04-14-2004 90078 047 ***150 00 1. Entity Name ROUNTREE PAINTING, INC. Principal Place of Business Mailing Address 7223 VALIANT CT ORLANDO FL 32818 7223 VALIANT CT 66414966 ORLANDO FL 32818 2. Principal Place of Bur as 3. Mailing Address Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 25.00 52-141.3960 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DONALD E - KOUNTREE --AGENTS AND CORPORATIONS, INC. Street Address (P.O. Box Number is Not Acceptable 7223 VALIAM STE E, 773 4 AVE N NAPLES FL 34102 Zig Code / 8 ORLANDU 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 (NOTE: Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS, AND DIRECTORS PRESIDENT & DIRECTOR Delete ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE . TITLE Change DONALD E. ROUNTREC NAME NAME 7223 VALIANT COULT ORLANDU FL 32818 SECRETARY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP Change Addition TITLE Delete TITLE DUNALD E ROUNTREE 7227 VALIANT COURT MALLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32818 CITY-ST-ZIP Change ■ Addition REASUREA TITLE · 🔲 Deleta TITLE NAME. DONALD E ROUNTREE NAME-STREET ADDRESS STREET ADORESS 7223 VALIANT COURT CITY ST-ZIP CITY-ST-ZIP -= [] Change Addition TITLE Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

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