


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90045 048 \*\*\*150.00

<b>DOCUMENT # P03000126379</b> 1. Entity Name <b>BRAD'S CUSTOM PAINTING, INC.</b>					
Principal Place of Business <b>2401 POPE AVENUE SOUTH DAYTONA, FL 32119</b>			Mailing Address <b>2401 POPE AVENUE SOUTH DAYTONA, FL 32119</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>200365511</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HOURIGAN, BRADLEY 2401 POPE AVENUE SOUTH DAYTONA, FL 32119</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HOURIGAN, BRADLEY</b> <b>2401 POPE AVENUE</b> <b>SOUTH DAYTONA, FL 32119</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HOURIGAN, AMIRA J</b> <b>2401 POPE AVENUE</b> <b>SOUTH DAYTONA, FL 32119</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HOURIGAN, BRADLEY</b> <b>2401 POPE AVENUE</b> <b>SOUTH DAYTONA, FL 32119</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HOURIGAN, AMIRA J</b> <b>2401 POPE AVENUE</b> <b>SOUTH DAYTONA, FL 32119</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOURIGAN, BRADLEY</b> <b>2401 POPE AVENUE</b> <b>SOUTH DAYTONA, FL 32119</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOURIGAN, AMIRA J</b> <b>2401 POPE AVENUE</b> <b>SOUTH DAYTONA, FL 32119</b>	<input type="checkbox"/> Delete			
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 I am empowered.			SIGNATURE: <u><i>Bradley Hourigan</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			3/15/04. 3867616933 Date Daytime Phone #		