



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90069 049 \*\*\*150.00

<b>DOCUMENT # P03000126425</b>					
<b>1. Entity Name</b> SOUTHLAND PAINTING & CONTRACTING, INC.					
<b>Principal Place of Business</b> 507 5TH AVENUE DAYTONA BEACH, FL 32118			<b>Mailing Address</b> 507 5TH AVENUE DAYTONA BEACH, FL 32118		
<b>2. Principal Place of Business</b> 708 5 <sup>th</sup> Avenue Suite, Apt. #, etc.		<b>3. Mailing Address</b> 708 5 <sup>th</sup> Avenue Suite, Apt. #, etc.			
City & State Daytona Beach FL		City & State Daytona Beach		<b>4. FEI Number</b> 20-0365524	
Zip 32118		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HOURIGAN, JEFF B 507 5TH AVENUE DAYTONA BEACH, FL 32118			<b>7. Name and Address of New Registered Agent</b> Name: Hourigan, Jeff B. Street Address (P.O. Box Number is Not Acceptable): 708 5 <sup>th</sup> Avenue City: Daytona Beach FL Zip Code: 32118		
<b>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.</b>  SIGNATURE: <u>Jeff Hourigan</u> DATE: <u>3/25/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOURIGAN, JEFF B <input type="checkbox"/> Delete 507 5TH AVENUE DAYTONA BEACH, FL 32118				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOURIGAN, JEFF B <input type="checkbox"/> Delete 507 5TH AVENUE DAYTONA BEACH, FL 32118				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOURIGAN, JEFF B <input type="checkbox"/> Delete 507 5TH AVENUE DAYTONA BEACH, FL 32118				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOURIGAN, JEFF B <input type="checkbox"/> Delete 507 5TH AVENUE DAYTONA BEACH, FL 32118				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOURIGAN, JEFF B <input type="checkbox"/> Delete 507 5TH AVENUE DAYTONA BEACH, FL 32118				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hourigan, Jeff B 708 FIFTH Avenue Daytona Beach, FL 32118				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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>					
<b>SIGNATURE:</b> <u>Jeff Hourigan</u> <u>3/25/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					