## 2004 FOR PROFIT CORPORATION

## ANNUAL REPORT (AR) 2/4/. 8/23 DOCUMENT # P03000126863 08-23-2004 90014 044 \*\*\*150.00 SPIRO PAINTING OF SOUTHWEST FLORIDA, INC 02-04-2004 90084 029 \*\*\*150.00 Principal Place of Business Mailing Address 619 99TH AVE. NW 619 99TH AVE. NW 66433407 NAPLES FL 34108 NAPLES FL 34108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) 4. FEI Numbe; Applied For City & State City & State Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANTADAKIS, SPYRIDON 619 99TH-AVE-NW--Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34108 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 \$.607.193(2)(b), F.S., allows for the waiver of the \$400.00 S.607.193(2)(b), h.S., allows for the corporation certifies it late fee. By checking this box, the corporation certifies it 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS 10. ADDITIONS (CHANGES TO DELICES AND DIRECTORS IN. 11-P.V.5.7 TITLE ☐ Delete - Citanija − 5872100N MANTADAKIS MAME NAME SPYaldon STREET ADDRESS STREET ADDRESS 619 99th NAPLES CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIPLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP-IIITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-789 CITY - ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 Instee 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.

CITY-ST-ZIP

City-St-78

8/20/04239.250-9

Sep 10, 2004 8:00 am Secretary of State

66433407

September 7, 2004

DIVISION OF CORPORATIONS P.O. Box 1500 Tallahassee, FL 32302-1500

ANNUAL REPORTS SECTION

Reference Number: #PO3000126863

I Spyridon Mantadakis am the sole owner of this business. There are No Employees and No Officers.

I sent the form to you with a check for \$150.00 in January and it was cashed on February 6, 2004. I received another form the end of July and returned it to you with another \$150.00 check.

I am mailing this form back to you stating there is no one else involved in my business. Since I have paid the fee twice will you be returning the extra \$150.00 or will you give me credit for the year 2005.

Please let me know your intentions.

Sincerely,

Spiros Mantadakis