

FILED
May 18, 2004 8:00 am
Secretary of State

04-29-2004 90328 040 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000127687

1. Entity Name
WILLIAM DINARDI PAINTING, CO.



Principal Place of Business
166 CREEKSIDE DRIVE
ST. AUGUSTINE, FL 32086

Mailing Address
166 CREEKSIDE DRIVE
ST. AUGUSTINE, FL 32086

66422630



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

201078249

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DINARDI, SANA E
1690 US 1 SOUTH
SUITE G
ST. AUGUSTINE, FL 32086

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

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

(NOTE: Registered Agent signature required when re-issuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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 P
NAME DINARDI, WILLIAM M
STREET ADDRESS 166 CREEKSIDE DRIVE
CITY-ST-ZIP ST. AUGUSTINE, FL 32086 ☒ Delete

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

TITLE SEC.
NAME DINARDI, SANA E
STREET ADDRESS 166 CREEKSIDE DRIVE
CITY-ST-ZIP ST. AUGUSTINE, FL 32086 ☐ Delete

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE TREA
NAME DINARDI, SANA E
STREET ADDRESS 166 CREEKSIDE DRIVE
CITY-ST-ZIP ST. AUGUSTINE, FL 32086 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SANA E DINARDI

4-26-04

904 794-2882

Date

Daytime Phone #