## **2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

## DOCUMENT # P03000129257

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Entity Name

RAYMOND ESPINOSA PAINTING, INC.



May 04, 2004 8:00 am Secretary of State 05-04-2004 90181 035 \*\*\*150.00

FILED

Espinosa 4-29-04 407-330-4769

Date Dayline Phone \*

Principal Place of Business Mailing Address 420 MEYER COURT DELTONA FL 32738 420 MEYER COURT 14020243 **DELTONA FL 32738** 2. Principal Place of Business 3. Mailing Address 3977 N Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FE! Number Applied For 78-14133 Not Applicable Zip \$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 Name <u>0020</u> ESPINOSA, RAYMOND 420 MEYER COURT **DELTONA FL 32728** 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 signatury required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00  $\odot$ Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State Enclosed ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Delete ☐ Addition pinosa, Raymond ESPINOSA, RAYMOND NAME NAME STREET ADDRESS 420 MEYER COURT STREET ADDRESS ethona itr 39038 CITY-ST-ZIP **DELTONA FL 32738** CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition ESPINOSA, RAYMOND NAME NAME yo Noak st STREET ADDRESS **420 MEYER COURT** STREET ADDRESS x14000'£7'39038 CITY-ST-7IP **DELTONA FL 32738** CITY-ST-ZIP TITLE ☐ Detete **C**hange ☐ Addition NAME ESPINOSA, RAYMOND STREET ADDRESS 420 MEYER COURT STREET ADDRESS CITY-ST-ZIP RECEELT DOOHS **DELTONA FL 32738** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! € ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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