


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90181 035 ***150.00

DOCUMENT # P03000129257

1. Entity Name
RAYMOND ESPINOSA PAINTING, INC.



Principal Place of Business Mailing Address

420 MEYER COURT DELTONA FL 32738 US **420 MEYER COURT DELTONA FL 32738 US**

14020243



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

3277 Noah St **3277 Noah St**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Deltona, FL 32738 **Deltona, FL**

Zip Country Zip Country

32738 Volusia **32738 Volusia**

4. FEI Number Applied For

06-1713302 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ESPINOSA, RAYMOND
420 MEYER COURT
DELTONA FL 32728

7. Name and Address of New Registered Agent

Name **Espinosa, Raymond**

Street Address (P.O. Box Number is Not Acceptable)
3277 Noah St.

City **Deltona** State **FL** Zip Code **32738**

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 *Raymond Espinosa* DATE **4-29-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

\$150.00
check enclosed

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ESPINOSA, RAYMOND 420 MEYER COURT DELTONA FL 32738	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES ESPINOSA, RAYMOND 420 MEYER COURT DELTONA FL 32738	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ESPINOSA, RAYMOND 420 MEYER COURT DELTONA FL 32738	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Espinosa, Raymond 3277 Noah St. Deltona, FL 32738	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tres Espinosa, Raymond 3277 Noah St. Deltona, FL 32738	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Espinosa, Raymond 3277 Noah St. Deltona, FL 32738	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: *Raymond Espinosa* **RAYMOND ESPINOSA** DATE: **4-29-04** DAYTIME PHONE #: **407-330-4769**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #