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

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

## Feb 04, 2004 8:00 am Secretary of State DOCUMENT # P03000129693 02-04-2004 90025 048 \*\*\*150.00 DAVID WATERS PAINTING, INC 2492 PINE CHASE CIRCLE ST. CLOUD FL 34769 2492 PINE CHASE CIRCLE ST. CLOUD FL 34769 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number 7Z 02 - 0705 85 4 City & State Applied For City & State Not Applicable Country 050ec/4 7in \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WATER WATERS, BETH Street Address (P.O. Box Number is Not Acceptable) 2492 PINE CHASE CIRCLE ST. CLOUD FL 34769 C(ou8. 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 DATE (NOTE: Registered Agent signature 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 Trust Fund Contribution: Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 Change TITLE Addition TITLE Delete DAVIL M. WATERS 2492 PINE Chase Circle WATERS, DAVID M NAMÉ NAME STREET ADDRESS 2492 PINE CHASE CIRCLE STREET ADDRESS CITY-ST-ZIP ST. CLOUD FL 34769 CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME WATERS, BETH NAME Pive Chare Circle STREET ADDRESS 2492 PINE CHASE CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. CLOUD FL 34769 TITLE ☐ Delete TITLE Change ■ Addition NAME WATERS JULIA NAME -STREET ADDRESS 1081 SALSONA AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34744 TITLE ☐ Change ☐ Addition TITLE Delete WATERS, MAX NAME NAME 1081 SALSONA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34744 CITY-ST-ZIP Delete ☐ Change ■ Addition TITL S NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED