

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Sep 14, 2004 8:00 am
Secretary of State

09-14-2004 90001 023 ***158.75

DOCUMENT # P03000130769

1. Entity Name
BELAND PAINTING INC.



Principal Place of Business
**637 WILDFLOWER CT.
LONGWOOD, FL 32750**

Mailing Address
**637 WILDFLOWER CT.
LONGWOOD, FL 32750**

09012004



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09012004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
33-1075189

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

**HAYS, CANDICE M
1050 ALLENDALE DR.
OVIDO, FL 32765**

7. Name and Address of New Registered Agent

Name **Charles J. Beland**

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

1050 Alendale Dr.

City **Oviedo**

FL

Zip Code **32765**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BELAND, ROBERT E**
STREET ADDRESS **637 WILDFLOWER CT.**
CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE **VP** ☐ Delete
NAME **BELAND, CHARLES J**
STREET ADDRESS **1050 ALLENDALE DR.**
CITY-ST-ZIP **OVIDO, FL 32765**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(l), 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:

Charles J. Beland Vice President

8-31-04

Date

(407) 832-7525

Daytime Phone #