


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90284 036 \*\*\*150.00

<b>DOCUMENT # P03000131734</b>	
<b>1. Entity Name</b> PROFESSIONAL PAINTING, INC.	

<b>Principal Place of Business</b> 460 ROSE STREET UMATILLA, FL 32784	<b>Mailing Address</b> 460 ROSE STREET UMATILLA, FL 32784
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**66421645**

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

04132004 Chg-P CR2E034 (10/03)

**4. FEI Number**  
20-0386063

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

<b>6. Name and Address of Current Registered Agent</b> COOK, GENE A 460 ROSE STREET UMATILLA, FL 32784	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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**  **DATE** 4/14/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating.)

**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	
<b>TITLE</b> P	<b>NAME</b> COOK, GENE A <b>STREET ADDRESS</b> 460 ROSE STREET <b>CITY-ST-ZIP</b> UMATILLA, FL 32784	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Ad
<b>TITLE</b> V	<b>NAME</b> WADE, EDWIN L <b>STREET ADDRESS</b> 11331 NOTHERN AVENUE <b>CITY-ST-ZIP</b> LEESBURG, FL 34778	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Ad
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Ad
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Ad
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Ad
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<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Ad

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

**SIGNATURE:** 