

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90260 044 \*\*\*150.00

DOCUMENT # P03000135150

1. Entity Name

PRAISES IN PAINTING PLUS CORPORATION



Principal Place of Business

909 PARK FOREST LANE  
JACKSONVILLE, FL 32211 US

Mailing Address

909 PARK FOREST LANE  
JACKSONVILLE, FL 32211 US

24058515



2. Principal Place of Business

909 PARK FOREST LN

3. Mailing Address

909 PARK FOREST LN

Suite, Apt. #, etc.

Jacksonville, FL

Suite, Apt. #, etc.

Jacksonville, FL

04222004

Chg-P

CR2E034 (10/03)

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

450528097

Applied For

Not Applicable

Zip

32221

Country

USA

Zip

32221

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, NICOLE  
909 PARK FOREST LANE  
JACKSONVILLE, FL 32211

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

*Nicole Jones*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**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

TITLE P ☐ Delete  
NAME JONES, ELTON V  
STREET ADDRESS 909 PARK FOREST LANE  
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE VP ☐ Delete  
NAME JONES, NICOLE D  
STREET ADDRESS 909 PARK FOREST LANE  
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE TRE ☐ Delete  
NAME PRESSLEY, DONALD M  
STREET ADDRESS 1260 LORENTO  
CITY-ST-ZIP JACKSONVILLE, FL 32211

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 V/S ☐ Change ☒ Addition  
NAME Jones, Nicole D  
STREET ADDRESS 909 PARK FOREST LN  
CITY-ST-ZIP Jacksonville, FL 32211

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

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)(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:

*Nicole Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

Daytime Phone #