

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000135370

1. Entity Name
PAINTING PLUS OF OKALOOSA COUNTY, INC.



FILED

04 JUN 11 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
731 EDGE ST.
#6
FT. WALTON BEACH, FL 32547 US

Mailing Address
731 EDGE ST.
#6
FT. WALTON BEACH, FL 32547 US

2. Principal Place of Business
731 Edge St.
Suite, Apt. #, etc.
#6

3. Mailing Address
9 Woodham St.
Suite, Apt. #, etc.



06112004 Chg-P CR2E034 (10/03) 04

City & State
FT. WALTON Bch. FLA.

City & State
FT. WALTON Bch. FLA.

4. FEI Number
56-2417499

Applied For
Not Applicable

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

Zip
32547

Country
OKALOOSA

Zip
32548

Country
OKALOOSA

6. Name and Address of Current Registered Agent
HENDRIX, TIM
731 EDGE ST.
#6
FT. WALTON BEACH, FL 32547

7. Name and Address of New Registered Agent
Name
Hendrix Tim
Street Address (P.O. Box Number is Not Acceptable)
731 Edge St. #6
City
FT. WALTON Bch. FL Zip Code
32547

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 D. Hendrix DATE 6-11-04

(NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. HENDRIX, TIM 731 EGE ST. #6 FT. WALTON BEACH, FL 32547	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP William E. Allen 24 Cape Dr. Ft. Walton Bch. FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700038206337 06/23/04--01087--010 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: D. Hendrix DATE 6-11-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #