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

## DOCUMENT # P03000135735



**FILED** Apr 30, 2004 8:00 am Secretary of State

TONN A. DAVIS PAINTING, INC.				04-30-2004 90305 015 ***150.00		
Principal Place of Business 200 SE 10TH ST CARRABELLE FL 32322		Mailing Address PO BOX 925 CARRABELLE FL 32322				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)		
City & State		City & State		4. FEI Number 192846 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required		
<u> </u>	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent		
חַאַּע		- Indiana - Indi	Name	Hume and Address of New negistered Agent		
DAVIS, TONN A 200 SE 10TH ST CARRABELLE FL 32322			Street Add	Street Address (P.O. Box Number is Not Acceptable)		
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÷			City	FL Zip Code		
<ol><li>The above the obligate</li><li>SIGNATURE .</li></ol>	ions of registered agent.	t for the purpose of changing its	s registered office or re	r registered agent, or both, in the State of Florida. I am familiar with, and accept		
	Signature, typed or printed name of registered a	pent and title if applicable. (NOT	E: Registered Agent signature	ure required when reinstating) DATE		
a 🥶 Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.0 k Payable to Florida Departmen	of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS A	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS	D DAVIS, TONN A 200 SE 10TH ST	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition		
CITY-ST-ZIP	CARRABELLE FL 32322		CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
THTLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP