

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90013 010 ***150.00

| | | | | | |
|---|---|--|--|---|--|
| DOCUMENT # P03000136266 1. Entity Name TIMOTHY J CHAMBERLAIN PAINTING INC. | | | | | |
| Principal Place of Business 1788 BANYAN DRIVE VENICE, FL 34293 US | | | Mailing Address 1788 BANYAN DRIVE VENICE, FL 34293 US | | |
| 2. Principal Place of Business 1788 BANYAN DRIVE | | 3. Mailing Address SAME | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State VENICE FL | | City & State | | 4. FEI Number 2004/1842 | |
| Zip 34293 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CHAMBERLAIN, TIMOTHY 1788 BANYAN DRIVE VENICE, FL 34293 | | | 7. Name and Address of New Registered Agent Name TIMOTHY J. CHAMBERLAIN Street Address (P.O. Box Number is Not Acceptable) 1788 BANYAN DRIVE VENICE City FL Zip Code 34293 | | |
| 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 <u><i>Timothy J. Chamberlain</i></u> DATE <u>08/09/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP CHAMBERLAIN, TIMOTHY J 1788 BANYAN DRIVE VENICE, FL 34293 | <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"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| 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: <u><i>Timothy J. Chamberlain</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>08/09/04</u> Daytime Phone # <u>(941) 650 1558</u> | | |

Attachment

Page 1 of 1

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8/8/2004

P02000133051

To whom it may concern,

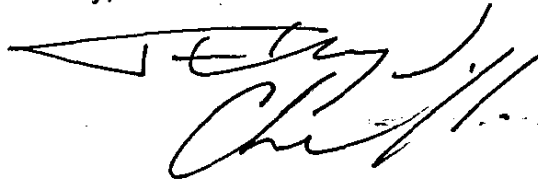
Please excuse me for not getting this in on time.

This all new to me. I never received any prior notice of this fee my CPA ask me about this he said that it was sent on a post card and I don't remember ever receiving this card.

Maybe you should make it more noticeable so that It would be noticed a lot easier.

Please expected my annual report. I'm sorry for any inconvenience

Sincerely,



8/9/2004