

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2004 8:00 am
Secretary of State

08-11-2004 90004 044 ***150.00

DOCUMENT # P03000137327



1. Entity Name
GERALD D. KLEIN PAINTING, INC.

Principal Place of Business
**1140 INGLESIDE AVENUE
 JACKSONVILLE, FL 32205**

Mailing Address
**1140 INGLESIDE AVENUE
 JACKSONVILLE, FL 32205**

54067807



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

08092004 Chg-P CR2E034 (10/03)

City & State
 Zip Country

4. FEI Number
542139308

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**KLEIN, GERALD D
 1140 INGLESIDE AVENUE
 JACKSONVILLE, FL 32205**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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	PRESIDENT GERALD D. KLEIN 1140 INGLESIDE AVENUE JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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: Gerald D. Klein
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 10th, 2004 509-6148
 Date Daytime Phone #