

2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/13/2004-90010-018-\$150.00-\$150.00

FILED


04 SEP 30 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M.F.

FEIN
NOTE

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DOCUMENT # P03000137975					
1. Entity Name MICHAEL FOX PAINTING INC					
Principal Place of Business 7905 POLOVE LANE RIVERVIEW, FL 33569			Mailing Address 7905 POLOVE LANE RIVERVIEW, FL 33569		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent RIVERVIEW FINANCIAL & ACCTG SVC INC 7035 US HWY 301 SOUTH RIVERVIEW, FL 33569			7. Name and Address of New Registered Agent Name: Riverview Financial Acctg Svc Inc Street Address (P.O. Box Number is Not Acceptable): 7035 US HWY 301 S Riverview FL 33569 City: FL Zip Code: 33569		
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>Dimuthy Bager</i></u> DATE: <u>9/8/04</u> <small>Signature, typed or printed name of registered agent and title if applicable (Not for Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FOX, MICHAEL A	NAME			
STREET ADDRESS	7905 POLOVE LANE	STREET ADDRESS			
CITY-ST-ZIP	RIVERVIEW, FL 33569	CITY-ST-ZIP			
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALLACE, ROGER C	NAME			
STREET ADDRESS	5216 LIME AVENUE	STREET ADDRESS			
CITY-ST-ZIP	SEFFNER, FL 33584	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <u><i>Michael Fox</i></u>			Date: <u>9-8-04</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		

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