

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000139025

Entity Name: SHOVEY PAINTING, INC.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

6290 NW 66TH AVENUE
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

6290 NW 66TH AVENUE
OCALA, FL 34482

New Mailing Address:

FEI Number: 03-0532811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOVEY, JIM
6290 SW 66TH AVENUE
OCALA, FL 34482 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: SHOVEY, JIM
Address: 6290 NW 66TH AVENUE
City-St-Zip: OCALA, FL 34482

Title: VP () Delete
Name: GONZALEZ, FRANKLIN
Address: 3140 SE 1ST AVENUE
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SHOVEY, ANNA M
Address: 6290 NW 66TH AVENUE
City-St-Zip: OCALA, FL 34482

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNA M SHOVEY

VP

04/30/2004

Electronic Signature of Signing Officer or Director

Date