2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)				FILED Sep 09, 2004 8:00 am Secretary of State	
DOCUMENT # P03000139698				Secretary of S	
JIM WHIT	E COMMERCIAL PAINTING	, INC.		09-09-2004 90000 022	30.00
3904		Mailing Address 3906 CEDAR BLUFF RI PANAMA CITY FL 324 C Rod 3. Mailing Address			2179
Suite. Apt.		Suhe, Apr. #; etc.	0:(-1	MOORE CR2E034 (4/0	4)
City & State	MA LITY	City & State	UTY	4. FEI Number 20-0428925	Applied For Not Applicable
3a.	OI COUNTIESA	33409	Country	5. Certificate of Status Desired Status Period Fee Re	5 Additional equired
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent	
-BARNES & JAMES, P.A. 2629 BLAIR STONE RD TALLAHASSEE FL 32301			Street Address (P.O. Box Number is Not Acceptable)		
	LANASSEE FL 52301		Citu		Cada
	pamed entity submits this statement f	or the ourcose of changing its	City registered office or register	FL Zing agent, or both, in the State of Florida. I am familia	code
	tions of registered agent.		E, Registered Ageni signature require		
	ILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 k Payable to Florida Department c	S.607.193(2)(b), late fee. By chec	F.S., allows for the waiver king this box, the corporat prior notice. Fee to file is \$	of the \$400.00 tion certifies it	<b>\$5.00</b> May Be Added to Fees
<b>10.</b> TITLE	OFFICERS AND		<b>11.</b> DTLE	ADDITIONS/CHANGES TO OFFICERS AND DIRE	
NAME STREET ADDRESS CITY-ST-ZIP	WHITE, JAMES 3906 CEDAR BLUFF RD PANAMA CITY FL 32409		NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS	V WEBBER, RUBIN JAMES 3906 CEDAR BLUFF RD	Delete	TITLE NAME STREE1 ADDRESS	C	nange 🔲 Addition
CITY-ST-ZIP	PANAMA CITY FL 32409		CITY - ST- ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FORTUNE, JAMES 3906 CEDAR BLUFF RD PANAMA CITY FL 32409	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		nange 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		🗆 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0	hange 🔲 Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C C	hange 🔲 Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	]	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C C	
indicated of the co changed	d on this report or supplemental report orporation or the receiver or trustee em d, or on an attachment with an address TURE:	is true and accurate and that powered to execute this repor	my signature shall have the t as required by Chapter 6 Came	Section 119.07(3)(i), Florida Statutes. I further certify that e same legal effect as if made under oath; that I am an 07, Florida Statutes; and that my name appears in Bloc	officer or director