2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State
03-11-2004 90022 014 ***150.00

DOCUMENT # P03000139825

1. Entity Name
ALL AROUND PAINTING, INC.

Principal Place of Business	Mailing Address
8423 GALVESTON AVENUE JACKSONVILLE, FL 32211	8423 GALVESTON AVENUE JACKSONVILLE, FL 32211

02192004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4593 Wandering Oaks Ct Suite, Apt. #, etc.	4593 Wandering Oaks Ct Suite, Apt. #, etc.
City & State: Jacksonville FL	City & State: Jacksonville FL
Zip: 32257 Country: Duval	Zip: 32257 Country: Duval

4. FEI Number: 57-1193907 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBERTS, DANIELLE L 8423 GALVESTON AVENUE JACKSONVILLE, FL 32211	Name Street Address (P.O. Box Number is Not Acceptable): 4593 Wandering Oaks Ct City: Jacksonville FL Zip Code: 32257

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, the position indicated.

SIGNATURE: ~~DANIELLE L ROBERTS, PRESIDENT and REGISTERED AGENT~~
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE: ~~3-5-04~~

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD ROBERTS, DANIELLE L 8423 GALVESTON AVENUE JACKSONVILLE, FL 32211	☐ Delete	P.S.T.D. 4593 Wandering Oaks Ct 32257	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MCCUTCHEON, TRACY 8423 GALVESTON AVENUE JACKSONVILLE, FL 32211	☐ Delete	4593 Wandering Oaks Ct. 32257	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WEST, FERRELL 8423 GALVESTON AVENUE JACKSONVILLE, FL 32211	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: DANIELLE ROBERTS 2-26-04 886-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #