2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 8:00 am Secretary of State

DOCUMENT # P03000140407 1. Entity Name ROBERT FITZGERALD PAINTING, INC.							04-29-2004 90348 016 ***150.00				
Principal Place 3396 SHERW PORT CHARLO	OOD ROAD		Mailing Address 3396 SHERWOOD ROAD PORT CHARLOTTE, FL 33980				Beið ligi Berg Berg Beig	es (1811 8/4)	Hii albu 29 18 182		
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.		04232004	Chg-P	CR2E(34 (10/03)			
City & State			City & State		4. FEI Number	J154217		}	plied For t Applicable		
Zip	Country		Zip Count		try	5. Certificate of Status Desired S8.75 Add Fee Require					
	. 6. Name	and Address of Current F	Registered Agent	. *	Name	7. Name and	Address of New R	egistered .	Agent =		
MATTHEW, JAMES R 22212 MONTROSE AVENUE					Street Address (P.O. Box Number is Not Acceptable)						
PORT CHARLOTTE, FL 33952					<u> </u>						
					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											
** FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Added to Fees											
.10. ~		OFFICERS AND I	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
_TITLE .	PSTD		☐ Delete	TITU	Ε				☐ Change	☐ Addition	
" NAME STREET ADDRESS		ALD, ROBERT		NAM	1						
CITY-ST-ZIP		ERWOOD ROAD HARLOTTE, FL 33980			ET ADDRESS -ST-ZIP						
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NAME	1			NAM							
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP						
TITLE			☐ Delete	TITL					Change	Addition	
NAME STREET ADDRESS			. •	NAM STRE	ET ADDRESS	ñ	~	~	•		
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STREET ADDRESS CITY-ST-ZIP	. :				EET ADDRESS '- ST-ZIP						
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NAME 51			-	NAM							
STREET ADDRESS	lur."	- 4 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			EET ADDRESS	21 ES					
CITY+ST-ZIP	nortify that "	no information assembled state	this filing does not	r the eve	/-ST-ZIP	Section 110 07/31	(i) Florida Statutos	I further co	rtify that the	oformation	
12. I hereby certify that the information supplied with this filling 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 trustate 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.											