

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90021 028 \*\*\*158.75

<b>DOCUMENT # P03000141007</b> 1. Entity Name <b>AMERI-PAINT CONTRACTORS INC.</b>					
Principal Place of Business <b>97099 CORSAIR TRAIL YULEE, FL 32097</b>			Mailing Address <b>97099 CORSAIR TRAIL YULEE, FL 32097</b>		
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			7. Name and Address of New Registered Agent		
<b>LEGALZOOM NEVADA INC</b> <b>44 W. FLAGLER ST.</b> <b>SUITE 675</b> <b>MIAMI, FL 33130</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLAN, ERNEST J		NAME		
STREET ADDRESS	97099 CORSAIR TRAIL		STREET ADDRESS		
CITY-ST-ZIP	YULEE, FL 32097		CITY-ST-ZIP		
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATSON-MILLAN, RENEE C		NAME	S/P ERNEST J. MILLAN	
STREET ADDRESS	97099 CORSAIR TRAIL		STREET ADDRESS	97099 CORSAIR TRAIL	
CITY-ST-ZIP	YULEE, FL 32097		CITY-ST-ZIP	Yulee, FL 32097	
TITLE	M <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTT, BRIAN		NAME		
STREET ADDRESS	P.O. BOX 16123		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH, FL 32035		CITY-ST-ZIP		
TITLE	M <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUMPHRIES, MARK		NAME		
STREET ADDRESS	P.O. BOX 257		STREET ADDRESS		
CITY-ST-ZIP	YULEE, FL 32041		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.					
<b>SIGNATURE:</b>			3-25-04 (904) 491-6359		
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

94040823



03052004 Chg-P CR2E034 (10/03)

4. FEI Number  
310-4545050

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

FL

Zip Code