2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachme

Aug 03, 2004 8:00 am Secretary of State **DOCUMENT # P03000142411** 08-03-2004 90006 013 ***158.75 1. Entity Name VANDALE PAINTING, INC. Mailing Address Principal Place of Business 10202 NORTH EDISON 10202 NORTH EDISON 54066538 TAMPA, FL 33612 TAMPA, FL 33612 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07062004 CR2E034 (10/03) Applied For City & State City & State Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VANDERLAAN, DAVID E Street Address (P.O. Box Number is Not Acceptable) 10202 NORTH EDISON **TAMPA, FL 33612** City 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 PD\$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the \Box Trust Fund Contribution. corporation did not receive the prior notice. Due by September 8, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ΪMΕ PD ☐ Change Addition Delete mr VANDERLAAN, DAVID E NAME NAME STREET ADDRESS 10202 NORTH EDISON STREET ADDRESS TAMPA, FL 33612 CITY-ST-7IP CITY-ST-ZIP EXVP' ☐ Change TITLE ☐ Addition ☐ Delete TITLE VANDERLAAN, DONNA Y NAME 10202 NORTH EDISON STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33612** CITY-ST-ZIP ΠLE ☐ Change ☐ Addition ☐ Delete TITLE NAME VANDERLAAN, DONNA Y NAME 10202 NORTH EDISON STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33612 CITY-ST-ZIP TITLE ☐ Change Delete TITLE Addition VANDERLAAN, ERIC T NAME NAME 10202 NORTH EDISON STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33612** CITY-ST-71P ☐ Delete ☐ Change Addition TWISDALE, MICHAEL D JR. NAME NAME 10202 NORTH EDISON STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33612 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY~ST-7IP CITY-ST-ZIP 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 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

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