

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90056 040 ***150.00

DOCUMENT # P03000143643

1. Entity Name

STAN WILSON PAINT & DRYWALL, INC.



Principal Place of Business

325 WARD ST.
PORT ST. JOE FL 32456

Mailing Address

325 WARD ST.
PORT ST. JOE FL 32456

2. Principal Place of Business

842 SE 1ST Terrace

Suite, Apt. #, etc.

Cape Coral

City & State

Cape Coral, FL

Zip
33990

Country

Lee

3. Mailing Address

842 SE 1ST Terrace

Suite, Apt. #, etc.

Cape Coral

City & State

Cape Coral, FL

Zip
33990

Country

Lee



MOORE

CR2E034 (11/03)

4. FEI Number

30-6236576

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILSON, STANLEY
325 WARD ST.
PORT ST. JOE FL 32456

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

842 SE 1ST Terrace

City

Cape Coral

FL

Zip Code

33990

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

Stanley Wilson

04-14-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME WILSON, STANLEY
STREET ADDRESS 325 WARD ST.
CITY-ST-ZIP PORT ST. JOE FL 32456

TITLE VD ☐ Delete
NAME WILSON, CYNTHIA
STREET ADDRESS 325 WARD ST.
CITY-ST-ZIP PORT ST. JOE FL 32456

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 842 SE 1ST Terrace
CITY-ST-ZIP Cape Coral, FL 33990

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 842 SE 1ST Terrace
CITY-ST-ZIP Cape Coral, FL 33990

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Cynthia Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-04

Date

Daytime Phone #