

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000144163

1. Entity Name
A&E PAINTING CONTRACTORS, INC.



Principal Place of Business
1849 STANCEL DRIVE
CLEARWATER, FL 33764

Mailing Address
1849 STANCEL DRIVE
CLEARWATER, FL 33764

FILED
04 OCT -4 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
1846 Kenawee Loop
Suite, Apt. #, etc.
Apt. 101
City & State
Trinity, FL
Zip
34655 Country

3. Mailing Address
1846 Kenawee Loop
Suite, Apt. #, etc.
Apt. 101
City & State
Trinity, FL
Zip
34655 Country

09102004 Chg-P CR2E034 (10/03)

4. FEI Number
00-1294146 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BARRIGA, MARY E
1849 STANCEL DRIVE
CLEARWATER, FL 33764

7. Name and Address of New Registered Agent
Name
Mary E. Barriga
Street Address (P.O. Box Number Is Not Acceptable)
1846 Kenawee Loop
Apt. 101
City
Trinity FL Zip Code
34655

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 *Mary E. Barriga* 9/24/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARRIGA, MARY E	
STREET ADDRESS	1849 STANCEL DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARRIGA, RAUL A	
STREET ADDRESS	1849 STANCEL DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1846 Kenawee Loop, Apt 101
CITY-ST-ZIP	Trinity, FL 34655
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1846 Kenawee Loop, Apt 101
CITY-ST-ZIP	Trinity, FL 34655
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300041564173
10/04/04--01027--015 **\$150.00

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: *Mary E. Barriga* 9/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #