2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 30, 2004 8:00 am Secretary of State

DOCUMENT # P03000144600 1. Entity Name JAMES BARTLETT PAINTING, INC.			Secretary of State 08-30-2004 90001 027 ***160.00
Principal Place of Business 669 FORT FLORIDA POINT ROAD DEBARY, FL 32713 Mailing Address 669 FORT FLORIDA POINT ROAD DEBARY, FL 32713		OAD	-
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suile, Apt. #, etc.	ert Rd	07022004 Chg-P CR2E034 (10/03)
City & State Charles Zip Zip Zip Zip Zip Zip Zip Zi	City & State DE GARY FL Zip Zip Zip Zip Zip Zip Zip Zi	Wintry 31USIA	4. FFL Number Applied For Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required
			7. Name and Address of New Registered Agent
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 9. Election Campaign Financing \$5.00 May Be Added to Fees			
TRILE JAMES MI BRETCET Delete OUSHET, CORTNATES FESSENT ECT STREET ADDRESS 669 FT PE PRINTER OF THE PRINTE		1. NLE AML TREET ADDRESS ITY-ST-ZI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE TRACE STREET LOORESS CITY-ST-ZIP	N. S	ITLE AME TREET ADDRESS ITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N. S	TILE AME TREET ADORESS ITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS TITY-ST-ZIP	N.	HTLE IAME DREET ADDRESS HTY-ST-ZIP	☐ Change ☐ Addition
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 property. SIGNATURE:			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayline Phone #			

Altachment 54070591 Dr.#103000144600 8/25/04 Vo whom IT may concert. corporation, THAT WAS FORMED RECIEVED ANY KIND OF Motice To File A FOR PROFIT CORP MANUAL Report what I DIS Recieve was; pro) INVENT Recokation of what I work PRY QUESTIONS Whatsoaver ENU ME C 1- 386-1 Thank you Innes BARRICAT VANITRE DE I AME M BORTIENT