

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90240 001 ***150.00

DOCUMENT # P03000144892

1. Entity Name
MCFALL PAINTING INC.



Principal Place of Business
**5357 AMETHYST LN.
CHIPLEY, FL 32428-3405**

Mailing Address
**5357 AMETHYST LN.
CHIPLEY, FL 32428-3405**



2. Principal Place of Business
5357 Amethyst Ln

3. Mailing Address
5357 Amethyst Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232004

Chg-P

CR2E034 (10/03)

Chipley, FL State

City & State Chipley, FL

4. FEI Number 20-0453223

Applied For
Not Applicable

32428 Zip Washington Country

Zip 32428

Country Washington

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

6. Name and Address of Current Registered Agent

**MCFALL, JOSHUA J
551 EAST 4TH ST
PANAMA CITY, FL 32401**

7. Name and Address of New Registered Agent

Name

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

City

FL

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 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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P.
MCFALL, JOSHUA J
551 EAST 4TH ST.
PANAMA CITY, FL 32401** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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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: *Joshua Joseph McFall*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-04-04

Date

850 215 2166

Daytime Phone #