

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State

04-28-2004 90230 048 ***150.00

DOCUMENT # P03000145591					
1. Entity Name ANDREW LYNN PAINTING, INC.					
Principal Place of Business 1155 COLUMBINE ROAD VENICE, FL 34293			Mailing Address 1155 COLUMBINE ROAD VENICE, FL 34293		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Venice FL.		City & State Venice FL.		4. FEI Number 83-079915	
Zip 34293		Country U.S.A.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required ☒	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HANSEN, NATALIE 1201 E. VENICE AVE. VENICE, FL 34285			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. Andrew Lynn <i>[Signature]</i> Apr. 16 - 04 SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (Typed name of Registered Agent signature required when reinstating)					
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 LYNN, ANDREW ☐ Delete 1155 COLUMBINE ROAD VENICE, FL 34293				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS 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: <i>[Signature]</i> 4-25-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					