

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000145790

1. Entity Name
ALL VETERAN'S PAINTING, INC.



FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91014 049 ***150.00

Principal Place of Business
1515 N. BEACH ST.
ORMOND BCH, FL 32174

Mailing Address
1515 N. BEACH ST.
ORMOND BCH, FL 32174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04242004 Chg-P CR2E034 (10/03)

4. FEI Number

20-0470041

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLEVIS, STONY
1515 N. BEACH ST.
ORMOND BCH, FL 32174

7. Name and Address of New Registered Agent

Name **STONY BLEVINS**

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

1515 N. BEACH ST

City **ORMOND BCH**

FL

Zip Code **32174**

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

Stony Blevins

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

(NOTE: Registered Agent signature required when re-registering)

04-26-04

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 **D** ☐ Delete
NAME **WAGNER, JOHN**
STREET ADDRESS **1515 N. BEACH ST.**
CITY-ST-ZIP **ORMOND BCH, FL 32174**

TITLE **D** ☐ Delete
NAME **BLEVINS, STONY**
STREET ADDRESS **1515 N. BEACH ST.**
CITY-ST-ZIP **ORMOND BCH, FL 32174**

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
CITY-ST-ZIP

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

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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:

Stony Blevins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-04

Date

Daytime Phone #