2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2004 8:00 am Secretary of State 03-03-2004 90025 022 ***150.00

| DOCUMENT # P03000146929 1. Entity Name COLOR CONCEPTS PAINTING, INC. | | | | | | | | .23 022 | 150.00 | |
|---|---|--|-------------------------------|---|--|---|---|--|---------------|----------|
| Principal Place | Mailing Address 2154 WEBSTER CT. | | | .] | | | | | | |
| 2154 WEBSTER CT. DELTONA, FL 32738 | | DELTONA, FL 32738 | | | | | 66405 | 929 | | |
| Principal Place of Business 3. Mailing Address | | | | - · | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 02102004 | Chg-P | CR2E03 | 14 (10/03) | ,- | |
| City & State | | City & State | | | 4. FEI Numb | 1211192 | | - ا | plied For | |
| Zip | Country Zip | | Country | | 5, Certificate | of Status Desired | | 8.75 Add | | |
| · · · · | 6. Name and Address of Current Registered Agent | | .1 | 7. Name and Address of New Registered | | | | Fee Required | | |
| SOLOMON, BRIAN D | | | | Name | | | | | | <u></u> |
| 1031 W. MORSE BLVD., STE. 260 WINTER PARK, FL 32789 | | | | Street Addres | Street Address (P.O. Box Number is Not Acceptable) | | | | | <i>'</i> |
| | | | | City | | | | Zip Code | | 1 |
| A. The above | named entity submits this statement | for the nursoes of changing in | te register | <u> </u> | tered agent or ho | th in the State of | FL Florida Lamif | | | I |
| | ions of registered agent. | nor the purpose or changing in | is register | rec once or regio | weren agent, or bo | iai, iii ale state di | rionaz. Fanti | anna wan | arki accept | |
| SIGNATURE_ | Signature, typed or printed name of registered age | ent and title if applicable* (NO | TE: Roguster | eri Agent signature requ | ired when (dinstating) | | DATE . | | | |
| | | | aign Fina | agcing \$ | 5.00 May Be | <u>-</u> - | | | | |
| After Ma | E NOW!!! FEE IS \$150.00 ny 1, 2004 Fee will be \$550 | | | | dded to Fees | | | | | , |
| 10. | | ID DIRECTORS . | 11. | | ADDITIONS | /CHANGES TO O | FFICERS AND | | | į |
| TITLE . Name | P HUMPHREY, MARK | ☐ Deleta | T/TL NAA | - 1 | | | | ☐ Change | ☐ Addition | |
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| CITY-ST-ZIP | partify that the information supplied: | with this filling does not on the | | Y-S1-ZIP - | Santing 110 0710 | Vil Florida Charles | n I fugibar a | tifu mas shar! | olosmosias | |
| indicated of the col | certify that the information supplied videnthis report or supplemental report portation or the receiver or trustee er | rt is true and accurate and that impowered to execute this repo | it my sign: ort as requ | emplion stated in ature shall have t uired by Chapter | he same legal effe 607, Florida Statut | mi, riorida statute ict as if made und les; and that my n | ss. i luriner cer er oath; that i s ame appears i | ury triat the i am an officei n Block 10 o | r Block 11 if | |
| changed | i, or on an attachment with an address | is with all other like empowers | ed. | | | 2-11-11 | 1 11 | M-an | 1_000 | |
| SIGNAT | TURE: | DR PRINTED NAME OF FIGHING OFFIC | EF OR DIREC | CTOR | | 1 db U7 | -70 | Paytime Phone * | 127 | 1 |