



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90278 030 \*\*\*150.00

<b>DOCUMENT # P03000147617</b>					
<b>1. Entity Name</b> CLANTON & SON PAINTING, INC.					
<b>Principal Place of Business</b> 3446 SOUTHERN PINE DR. FT. PIERCE, FL 34982			<b>Mailing Address</b> 3446 SOUTHERN PINE DR. FT. PIERCE, FL 34982		
<b>2. Principal Place of Business</b> 3446 Southern Pines Dr. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 3446 Southern Pines Dr. Suite, Apt. #, etc.			
<b>City &amp; State</b> Ft. Pierce FLA. Zip 34982 Country ST. Lucie		<b>City &amp; State</b> Ft. Pierce FLA. Zip 34982 Country ST. Lucie		<b>4. FEI Number</b> 20-0487207	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> CLANTON, GARY E 3446 SOUTHERN PINE DR. FT. PIERCE, FL 34982			<b>7. Name and Address of New Registered Agent</b> Name CLANTON GARY E. Street Address (P.O. Box Number is Not Acceptable) 3446 Southern Pines Dr. City FT. PIERCE FL Zip Code 34982		
<b>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.</b> SIGNATURE: GARY CLANTON <i>Gary Clanton</i> DATE: April 21, 2004 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> CLANTON, GARY E 3446 SOUTHERN PINE DR. FT. PIERCE, FL 34982	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VD</b> STONESIFER, SAMUEL W 3446 SOUTHERN PINE DR. FT. PIERCE, FL 34982	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <i>Gary Clanton</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			April 21 2004 772.595.9936 <small>Date Daytime Phone #</small>		