


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90023 037 \*\*\*150.00

<b>DOCUMENT # P03000149763</b>	
<b>1. Entity Name</b> TED BEIGER PAINTING CO. INC.	

<b>Principal Place of Business</b> 5227 N.W. 24TH PLACE GAINESVILLE FL 32606 US	<b>Mailing Address</b> 5227 N.W. 24TH PLACE GAINESVILLE FL 32606 US
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<b>2. Principal Place of Business</b> 5227 NW 24 PLACE	<b>3. Mailing Address</b> 5227 NW 24 PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> GAINESVILLE, FL.	<b>City &amp; State</b> GAINESVILLE, FL.
<b>Zip</b> 32606	<b>Zip</b> 32606
<b>Country</b> USA	<b>Country</b> USA



MOORE CR2E034 (11/03)

<b>6. Name and Address of Current Registered Agent</b> LEGALZOOM NEVADA INC 44 W. FLAGLER ST. SUITE 675 MIAMI FL 33130	
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<b>4. FEI Number</b> 59-2631116	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required
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<b>7. Name and Address of New Registered Agent</b>	
Name: TED BEIGER	
Street Address (P.O. Box Number is Not Acceptable): 5227 NW 24 PL.	
City: GAINESVILLE	FL Zip Code: 32606

**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	<b>DATE</b>
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<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> P <input type="checkbox"/> Delete	<b>NAME</b> BEIGER, TED	<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 5227 N.W. 24TH PLACE		<b>NAME</b>	
<b>CITY-ST-ZIP</b> GAINESVILLE FL 32606		<b>STREET ADDRESS</b>	
<b>TITLE</b> <input type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</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>SIGNATURE:</b> Ted Beiger, TED BEIGER	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	<b>Date</b> March 24, 2004	<b>Daytime Phone #</b> (352) 375-1067
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