2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# P03000152004

Entity Name: S & S PAINTING OF FLAGLER COUNTY, INC.

Current Principal Place of Business:

18 FOREST HILL DR
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

18 FOREST HILL DR
PALM COAST, FL 32137

New Mailing Address:

PO BOX 350828
PALM COAST, FL 32135

FEI Number: 55-0855024 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SULLIVAN, JERALD L
18 FOREST HILL DR
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

SULLIVAN, DARRIN L
143 BAYSIDE DR.
PALM COAST, FL 32137 US

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.

SIGNATURE: DARRIN L. SULLIVAN 04/20/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SULLIVAN, DARREN L
Address: 18 FOREST HILL DR.
City-St-Zip: PALM COAST, FL 32137

Title: V ( ) Delete
Name: SULLIVAN, JERALD LEE
Address: 18 FOREST HILL DR
City-St-Zip: PALM COAST, FL 32137

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SULLIVAN, DARRIN L P
Address: 143 BAYSIDE DR.
City-St-Zip: PALM COAST, FL 32137

Title: VP (X) Change ( ) Addition
Name: SULLIVAN, JERALD L VP
Address: 18 FOREST HILL DR
City-St-Zip: PALM COAST, FL 32137

Title: VP ( ) Change (X) Addition
Name: SULLIVAN, WENDY D VP
Address: 143 BAYSIDE DR.
City-St-Zip: PALM COAST, FL 32137

Title: VP ( ) Change (X) Addition
Name: SULLIVAN, DONNA R VP
Address: 18 FOREST HILL DR.
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARRIN L. SULLIVAN P 04/20/2004
Electronic Signature of Signing Officer or Director Date