

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jun 02, 2004 8:00 am
Secretary of State

05-10-2004 90482 017 ***150.00

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DOCUMENT # P03000152197			
1. Entity Name PAINTING BY ANTHONY, INC.			
Principal Place of Business 2576 MEADOWVIEW LANE DELAND, FL 32720		Mailing Address 2576 MEADOWVIEW LANE DELAND, FL 32720	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 421613046		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAUER, KIRK T. ESQ. 223 S WOODLAND BLVD DELAND, FL 32720		7. Name and Address of New Registered Agent Name Anthony Cemelich Street Address (P.O. Box Number is Not Acceptable) 2576 Meadowview Ln. City Deland, FL Zip Code 32720	
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 <i>Anthony Cemelich</i> DATE May 3, 2004 <small>(NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS CEMELICH, ANTHONY 2576 MEADOWVIEW LANE DELAND, FL 32720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Anthony Cemelich</i>		Date April 30, 2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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Sincerely,

Anthony Cerrechio