## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR) **DOCUMENT # P03000153318** 4. Entity Name KENNETH D FOX PAINTING, INC.



FILED Apr 07, 2004 8:00 am Secretary of State 04-07-2004 90040 002 \*\*\*150.00

Country   Coun	Principal Place	e of Business	Mailing Address	Mailing Address				
Suite, Apt. 4, etc.							A10#1020	
Suries								
City & State  City & State  City & State  Country  Country  S. Country  S. Country  S. Conflictation of State  S. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  OLSON, TERRY È S45 N. UMATILLA BLVD. UMATILLA FL 32784  City  Street Address (P O. Box Number is Not Acceptable)  City  FL Zip Code  S. The above named ently submits this statement for the purpose of changing its registered difference of registered agent, or boilt, in the State of Florida. I am familiar with, and acceptable of registered agent, or boilt, in the State of Florida. I am familiar with, and acceptable of registered agent, or boilt, in the State of Florida. I am familiar with, and acceptable of registered agent, or boilt, in the State of Florida. I am familiar with, and acceptable of projects and advantage with a state of Florida. I am familiar with, and acceptable of Projects and advantage with a state of Florida. I am familiar with, and acceptable of Projects and advantage with a state of Florida. I am familiar with, and acceptable of Projects and advantage with a state of Florida. I am familiar with, and acceptable of Projects and State of Florida. I am familiar with, and acceptable of Projects and State of Florida. I am familiar with, and acceptable of Projects and State of Florida. I am familiar with, and acceptable of Projects and State of Florida. I am familiar with, and acceptable of Projects and State of Florida agent, or boilt, in the State of Florida. I am familiar with, and acceptable of Projects and State of Florida agent, or boilt, in the State of Florida. I am familiar with, and acceptable of Projects and State of Florida agent, or boilt, in the State of Florida. I am familiar with, and acceptable of Projects and State of Florida agent, or boilt, in the State of Florida agent, or	2. Principal Pl	ace of Business	3. Mailing Address					
Specificate of Status Cosine)   Set Applicable   Set Application			Suite, Apt. #, etc.				MOORE CR2E034 (11/03)	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  OLSON, TERRY E 545 N UMATILLA BLVD. UMATILLA FL 32784  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent. or both, in the State of Protids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature New of princip award or involutioned registered agent.  FLE NOWIT: FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  After May 1, 2004 Fee will be \$550.00  Added to Pees Hadden Cheer's system entired when renetating.  DATE  FLE NOWIT: FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  SIRRET ANDRESS  THUS Found Contribution.  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE PO OFFICERS AND DIRECTORS  THE POST OFFICERS AND DIRECTORS IN 11  NAME  SIRRET ANDRESS  CITY ST-2P  THE NAME  SIRRET ANDRESS	City & State		City & State			4. آ ڪـ	FEI Number Applied For Not Applicable	
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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    Signature   Signature   Signature speed operand time of registered agent and the Facebook.   MOTE Registered Acest signature recured when rendating)   DATE	545	N UMATILLA BLVD.	and the second s					
B. 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. It am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature from the purpose of changing its registered office or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature from the purpose of changing its registered office or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature from the purpose of changing its registered office or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature from the purpose of changing its registered office or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  Signature from the purpose of changing its registered office or registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature from the purpose agent is supposed to purpose required when randstancy.  SIGNATURE from the purpose familiar with, and accept the purpose required when randstancy.  SIGNATURE from the purpose agent is supposed to purpose required when randstancy.  SIGNATURE from the purpose familiar with, and accept the purpose agent required when randstancy.  SIGNATURE from the purpose familiar from the purpose of the purpose familiar with, and accept the purpose familiar from the purpose familiar with, and accept the purpose familiar from the purpose familiar with, and accept the purpose familiar familiar with, and accept familiar familiar with, and accept familiar familiar with, and accept familiar fam	UMA	ATILLA FL 32/84						
SIGNATURE Signature. Typed or prince name of registered agent and life a capicable.    Signature. Typed or prince name of registered agent and life a capicable.   (NOTE Registered Agent signature recurred when rendating)   DATE	City						FL Zip Code	
Symmer, hybrid or primed named in digitalization of registered augunt and their is applicable.   (NOTE Responsed Agent signature required when reviewable in Profession of State   S	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.							
After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II 11.  TITLE  PD	SIGNATURE							
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14. THE FEDY CERTIFY THAT THE ISTORMATION SUPDING WITH THIS THING GOES NOT QUALITY for the exemption stated in Section 110 07/(3Vi). Elected Statutes I further continues the information	NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with		NAM Stre City	E ET ADDRESS - ST- ZIP	ection :		

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.

FICER OR DIRECTOR