

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90040 038 ***158.75

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04142004 Chg-P CR2E034 (10/03)

4. FEI Number **364546809** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DOCUMENT # P03000155065
1. Entity Name
ACQUA PAINTING, INC.



Principal Place of Business
**9218 SW 101 AVE
GAINESVILLE, FL 32608**

Mailing Address
**9218 SW 101 AVE
GAINESVILLE, FL 32608**

2. Principal Place of Business
9218 SW 101 AVE
Suite, Apt. #, etc.

3. Mailing Address
9218 SW 101 AVE
Suite, Apt. #, etc.

City & State
Gainesville FL

City & State
Gainesville FL

Zip
32608 Country
ALACHUA

Zip
32608 Country
ALACHUA

6. Name and Address of Current Registered Agent
**ACQUAFREDDA, RICHARD
9218 SW 101 AVE
GAINESVILLE, FL 32608**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 **1**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May.1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACQUAFREDDA, RICHARD 9218 SW 101 AVE GAINESVILLE, FL 32608 <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: **Richard Acquafredda** **Richard ACQUAFREDDA-4-13-04 (352)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **495 7154**