


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90076 029 \*\*\*150.00

<b>DOCUMENT # P04000000660</b> 1. Entity Name <b>FLEMING'S PAINTING &amp; PRESSURE CLEANING, INC.</b>																													
Principal Place of Business <b>4627 NAOMI RIDGE LANE SARASOTA, FL 34233</b>			Mailing Address <b>4627 NAOMI RIDGE LANE SARASOTA, FL 34233</b>																										
2. Principal Place of Business <i>Suite</i> Suite, Apt. #, etc.		3. Mailing Address <i>Suite</i> Suite, Apt. #, etc.																											
City & State <i>Sarasota</i>		City & State <i>Sarasota</i>		4. FEI Number <b>20-0547103</b>																									
Zip <i>34233</i>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>FLEMING, JARED ZACHARY 4627 NAOMI RIDGE LANE SARASOTA, FL 34233</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>[Signature]</i> DATE <b>2-26-04</b> <small>Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FLEMING, JARED ZACHERY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4627 NAOMI RIDGE LANE</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>SARASOTA, FL 34233</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	FLEMING, JARED ZACHERY		STREET ADDRESS	4627 NAOMI RIDGE LANE		CITY-STATE-ZIP	SARASOTA, FL 34233		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-STATE-ZIP		
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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 person 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 attached sheet with an address, with all other like empowered.																													
SIGNATURE: <i>[Signature]</i> DATE <b>2-26-04</b> DAYTIME PHONE # <b>941-544-5028</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													