

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90436 032 \*\*\*150.00

<b>DOCUMENT # P04000001131</b> 1. Entity Name <b>B &amp; K PAINTING &amp; HOME SERVICES, INC.</b>																							
Principal Place of Business <b>2285 WALLABY AVE MIDDLEBURG, FL 32068</b>			Mailing Address <b>2285 WALLABY AVE MIDDLEBURG, FL 32068</b>																				
2. Principal Place of Business <b>2285 Wallaby Ave</b> Suite, Apt. #, etc.			3. Mailing Address <b>2285 Wallaby Ave</b> Suite, Apt. #, etc.																				
City & State <b>Middleburg FL</b>			City & State <b>Middleburg FL</b>																				
Zip <b>32068</b>			Zip <b>32068</b>																				
Country <b>U.S.</b>			Country <b>U.S.</b>																				
4. FEI Number <b>500004631</b>			Applied For <input type="checkbox"/> Not Applicable																				
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																							
6. Name and Address of Current Registered Agent  <b>ZELLNER, ROBERT A 2285 WALLABY AVE MIDDLEBURG, FL 32068</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																				
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: <u><i>Robert A. Zellner</i></u> <span style="float: right;">4-28-04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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>																				
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b>  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>ZELLNER, ROBERT A</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>2285 WALLABY AVE MIDDLEBURG, FL 32068</b></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Change Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	STREET ADDRESS	<b>ZELLNER, ROBERT A</b>		CITY-ST-ZIP	<b>2285 WALLABY AVE MIDDLEBURG, FL 32068</b>		TITLE	NAME	Change Addition	STREET ADDRESS			CITY-ST-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 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: <u><i>Robert A. Zellner</i></u> <span style="float: right;">4-28-04 (904) 887-2848</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																							