


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90338 034 \*\*\*150.00

**DOCUMENT # P04000002200**

1. Entity Name  
**JEFF'S PAINTING, INC.**



Principal Place of Business  
**1035 BUTTERCUP RD.  
MIDDLEBURG, FL 32068**

Mailing Address  
**1035 BUTTERCUP RD.  
MIDDLEBURG, FL 32068**

2. Principal Place of Business  
**5659 Beehive Rd.**

3. Mailing Address  
**5659 Beehive Rd.**

Suite, Apt. #, etc.



04272004 Chg-P CR2E034 (10/03)

City & State  
**Middleburg, FL**

City & State  
**Middleburg FL**

Zip Country  
**32068 USA**

Zip Country  
**32068 USA**

4. FEI Number  
**59-3777382**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BLOOMER, GEORGE M III  
4429 C.R. 218 W  
MIDDLEBURG, FL 32068**

**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: \_\_\_\_\_ DATE \_\_\_\_\_

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

**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**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MIRE, JEFFREY P SR.</b>	
STREET ADDRESS	<b>1035 BUTTERCUP RD.</b>	
CITY-ST-ZIP	<b>MIDDLEBURG, FL 32068</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MIRE, SHARON B</b>	
STREET ADDRESS	<b>1035 BUTTERCUP RD.</b>	
CITY-ST-ZIP	<b>MIDDLEBURG, FL 32068</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Sharon B. Mire

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04 904-282-5748

Date Daytime Phone #