


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-18-2004 90077 001 \*\*\*500.00  
08-18-2004 90077 002 \*\*\*\*50.00

<b>DOCUMENT # P04000005771</b>					
1. Entity Name <b>DEB-JOHN PAINTING, INC.</b>					
Principal Place of Business <b>5180 INDIAN MOUND ST. SARASOTA, FL 34232</b>			Mailing Address <b>5180 INDIAN MOUND ST. SARASOTA, FL 34232</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>45-0535387</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>LESLIE, JOHN W 5180 INDIAN MOUND ST. SARASOTA, FL 34232</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
	D/P/S <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	Deborah B. Leslie				
	5180 Indian Mound St				
	SAR. FL. 34232				
	D/VP/T <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	John W. Leslie				
	5180 Indian Mound St.				
	SAR. FL. 34232				
	D/M <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	Jair E. Medina				
	5310 26 St. W. Apt. 5109				
	Brdenton, FL. 34207				
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>John W. Leslie</i> <b>John W. Leslie</b> <i>8/16/04</i> <b>941-376-1056</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66432876



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