

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000005841

FILED
Sep 08, 2004
Secretary of State

Entity Name: STEPHEN LAKINS PAINTING COMPANY

Current Principal Place of Business:

5519 W JACKSON ST
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

5519 W JACKSON ST
PENSACOLA, FL 32506

New Mailing Address:

FEI Number: 77-0624650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAKIN, STEPHEN
5519 W JACKSON ST
PENSACOLA, FL 32506

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: LAKIN, STEPHEN
Address: 5519 W JACKSON ST
City-St-Zip: PENSACOLA, FL 32506

Title: V () Delete
Name: LAKIN, RACHEL
Address: 5519 W JACKSON ST
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN LAKIN

CEO

09/08/2004

Electronic Signature of Signing Officer or Director

_____ Date