

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90416 019 ***150.00

DOCUMENT # P04000007697

1. Entity Name
ELMORE PAINTING & DECORATING OF NAPLES, INC.



Principal Place of Business
1442 WILDWOOD LAKES BLVD., #C103
NAPLES, FL 34104

Mailing Address
1442 WILDWOOD LAKES BLVD., #C103
NAPLES, FL 34104

54047427



2. Principal Place of Business
1442 Wildwood Lakes Blvd

3. Mailing Address
1442 Wildwood Lakes Blvd.

04232004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.
C-103

Suite, Apt. #, etc.
C-103

City & State
Naples, FL

City & State
Naples, FL

Zip
34104

Country
Collier

Zip
34104

Country
Collier

4. FEI Number
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ELMORE, RONALD
1442 WILDWOOD LAKES BLVD., #C103
NAPLES, FL 34104

7. Name and Address of New Registered Agent

Name
Ronald William Elmore

Street Address (P.O. Box Number is Not Acceptable)
1442 Wildwood Lakes Blvd

C-103

City
Naples

FL

Zip Code
34104

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
D

NAME
ELMORE, RONALD

STREET ADDRESS
1442 WILDWOOD LAKES BLVD., #C103

CITY-ST-ZIP
NAPLES, FL 34104

☐ Delete

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/04

229-352-1589