

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90036 031 ***150.00

DOCUMENT # P04000083348

1. Entity Name
NU FINISH PAINT TECHNOLOGIES, INC



Principal Place of Business Mailing Address
8500 WATER CAY **8500 WATER CAY**
WEST PALM BEACH, FL 33411 US **WEST PALM BEACH, FL 33411 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01202005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
73-1705129 Not Applicable

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

6. Name and Address of Current Registered Agent

DELISI, MARTIN V
4361 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410

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 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, 2005 Fee will be \$550.00

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **PETERSON, FRANK L**
STREET ADDRESS **8500 WATER CAY**
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE **VP** ☐ Delete
NAME **PETERSON, VICKIE L**
STREET ADDRESS **8500 WATER CAY**
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
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NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME ☐ Change ☐ Addition
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STREET ADDRESS ☐ Change ☐ Addition
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: *Vickie L Peterson* *[Signature]* *1/20/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #