


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P38682 1. Entity Name WATTYL PAINT CORPORATION	
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Principal Place of Business 308 OLD COUNTY RD EDGEWATER, FL 32132	Mailing Address 308 OLD COUNTY RD EDGEWATER, FL 32132
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04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-0554837	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HEEBNER, PETER B P.A. 523 NORTH HALIFAX AVE. DAYTONA BEACH, FL 32118

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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 file 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 <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HECHLER, ROBERT L 308 OLD COUNTY ROAD EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SHORT, HERBERT 999 PEACHTREE ST NE ATLANTA, GA 303093996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, IAN 4 STEEL ST BLACKTOWN, AUSTRALIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAURIE, ROSS 308 OLD COUNTRY RD EDGEWATER, FL 32132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: 	4/28/04	386-428-6461
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>