


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90010 050 ***158.75

DOCUMENT # P92000008289
 1. Entity Name
PREMIER PAINTING INDUSTRIES, INC.



Principal Place of Business
**713 MAGNOLIA AVE.
 INVERNESS FL 34452
 US**

Mailing Address
**713 MAGNOLIA AVE.
 INVERNESS FL 34452
 US**

2. Principal Place of Business
7858 E GULF TO LAKE HWY.

3. Mailing Address
P.O. BOX 1180

Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State
Inverness, FL

City & State
Floral City, FL

Zip
34452

Country
US

Zip
34436-1180

Country
US

4. FEI Number **59-3157927**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
~~PIZZA, MICHAEL~~
~~713 MAGNOLIA AVE.~~
~~INVERNESS FL 34452~~

7. Name and Address of New Registered Agent
 Name **Michael PIZZA**
 Street Address (P.O. Box Number is Not Acceptable)
7858 E. GULF TO LAKE HWY.
 City **Inverness** **FL** Zip Code **34452**

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  DATE **3/3/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIZZA, MICHAEL 713 MAGNOLIA AVE. INVERNESS FL 34452 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PIZZA, BEVERLY 713 MAGNOLIA INVERNESS FL 34452 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIZZA, Michael 7858 E. Gulf to Lake Hwy. Inverness, FL 34452 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PIZZA, Beverly 7858 E. Gulf to Lake Hwy. Inverness, FL 34452 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  **MIKE PIZZA/PRESIDENT** DATE **3/3/04** DAYTIME PHONE # **352 860 2700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #