2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)				FILED Mar 24, 2004 8:00 a
DOCUI 1. Entity Name	MENT # P92000082	289		Secretary of State 03-24-2004 90010 050 ***158.75
PREMIER	PAINTING INDUSTRIES, II	NC.		03-24-2004 90010 050 ***158.75
Principal Place		Mailing Address		
713 MAGNC INVERNESS US		713 MAGNOLIA AVE. INVERNESS FL 34452 US		
	ace of Business EGUIF TO LAKE HW #, etc.	3. Mailing Address 4. P.O. BOX 11 Suite, Apt. #, etc.	80	MOORE CR2E034 (11/03)
City & State	less, FL	City & State	FL	4. FEI Number 59-3157927 Applied Fc
344Sa	Country US	^{Zip} 34436-1180	Country	5. Certificate of Status Desired X \$8.75 Additional Fee Required
	6. Name and Address of Curres	nt Registered Agent	Name	7. Name and Address of New Registered Agent
713	ZA, MICHAEL		Street Ad	Address (P.Q. Box Number is Not Acceptable) 58 E. Gullet to Lake Hwy
			City	Inverness FL Zip Code 2
	named entity submits this statement	for the purpose of changing its		or registered agent, or both, in the State of Florida. I am familiar with, and acc
SIGNATURE -	Signature, typed or printed name of registered age	an and the Hoppicable. (NOTE	: Registered Agent signatur	3/3/04 ature required when reinstating) DATE
Afte	ILE NOW!!! FEE IS \$150.00 May 1, 2004 Fee will be \$550.00 Payable to Florida Department			9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fees
10.	OFFICERS AN	ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD	Delete		PD Change Ad
	PIZZA, MICHAEL 713 MAGNOLIA AVE. INVERNESS FL 34452		NAME STREET ADDRESS CITY-ST-ZIP	Prizza, Michael 7858 E. Gulf to Lake Hwy. Thverness, FZ 34452
TITLE	V PIZZA, BEVERLY	Delete	TITLE	Pizza, Beverly 7858 E. Guif to Lake Huy.
STREET ADDRESS City-St-Zip	713 MAGNOLIA INVERNESS FL 34452		STREET ADDRESS CITY - ST - ZIP	7858 E. Guif to Lake Muy. Threeness, FL 34452
title Name		Detete	title Name	, Change 🗌 Ad
STREET ADDRESS - CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·		STREET ADDRESS · CITY - ST- ZIP	
title Name		Delete	TITLE NAME	Change 🗌 Ad
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY-ST-ZIP	•
TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS	Change Ad
CITY-ST-ZIP		Delete	CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	•	L Delete	NAME STREET ADDRESS CITY-ST-ZIP	
12. Thereby	on this report or supplemental report	with this filing does not qualify for	ny signature shall ha	ated in Section 119.07(3)(i), Florida Statutes, I further certify that the informati have the same legal effect as if made under oath; that I am an officer or direct
of the col changed	poration or the receiver or trustee en	npowered to execute this report s, with all other like empowered.	as required by Cha	hapter 607, Florida Statutes; and that my name appears in Block 10 or Block