

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 11, 2004 08:00 AM
Secretary of State

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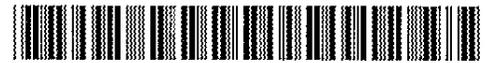
1. Entity Name
SIEGFRIED'S PAINT & DECO, INC.



Principal Place of Business
7278 SAN SEBASTIAN DR
BOCA RATON, FL 33433 US

Mailing Address
7278 SAN SEBASTIAN DR
BOCA RATON, FL 33433 US

DO NOT WRITE IN THIS SPACE



02022004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0398403

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JUTH, SIEGFRIED K
7278 SAN SEBASTIAN DR
BOCA RATON, FL 33433

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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 _____ (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**

00000046162
 02/11/04-80091-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUTH, SIEGFRIED K 7278 SAN SEBASTIAN DR BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JUTH, MAYA P 7278 SAN SEBASTIAN DR BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Siegfried Juth, Treasurer* **2/9/04** 561-394-2744

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