

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000033162
 1. Entity Name
BAYMAR PAINTING SPECIALISTS, INC.



Principal Place of Business Mailing Address
4195 HIELD ROAD, NW **P.O. BOX 1419**
PALM BAY, FL 32907 US **MELBOURNE, FL 32902 US**



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3187463** Applied For / Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

WRITE HERE IN THIS SPACE

5. Name and Address of Current Registered Agent
BAKER, DONALD E
4195 HIELD RD NW
PALM BAY, FL 32907

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 re-registering)
 Signature, typed or printed name of registered agent and title if applicable. 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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BAKER, DONALD E
STREET ADDRESS	4195 HIELD RD NW
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	V
NAME	BAKER, KATHY M
STREET ADDRESS	4195 HIELD RD NW
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000148937
 05/03/04-80165-020 150.00

WRITE HERE 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: Kathy M Baker V. P. 409-4 321(952-9901)

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