2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000039137

1. Entity Name
FAULKNER PAINTING, INC.

Principal Place of Business	Mailing Address
701 BREAKWATER TERRACE SEBASTIAN, FL 32958	701 BREAKWATER TERRACE SEBASTIAN, FL 32958

DO NOT WRITE IN THIS SPACE

03052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0416733 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

FAULKNER, JOHN D
701 BREAKWATER TERRACE
SEBASTIAN, FL 32958

DO NOT WRITE IN THIS SPACE

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 title 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. ☐ **$5.00** May Be Added to Fees

U00000093340
03/22/04-80014-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	FAULKNER, JOHN D
STREET ADDRESS	701 BREAKWATER TERRACE
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	V
NAME	FAULKNER, TODD W
STREET ADDRESS	8576 -98TH CT
CITY-ST-ZIP	VERO BEACH, FL 32967
TITLE	S
NAME	FAULKNER, CHAD
STREET ADDRESS	701 BREAKWATER TERR
CITY-ST-ZIP	SEBASTIAN, FL 32958
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: John D Faulkner John D. Faulkner 3/17/04 772-589-0273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #