2004 FOR PROFIT CORPORATIONANNUAL REPORT

DOCUMENT # P94000002485

Entity Name

JOHN FATSEAS PAINTING CONTRACTOR, INC.



Principal Place of Business

Mailing Address

1885 SHORE DRIVE SOUTH SOUTH PASADENA, FL 33703 1885 SHORE DRIVE SOUTH SOUTH PASADENA, FL 33703

FILED Jan 31, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

 01272004
 No Chg-P
 CR2E034 (10/03)

 4. FEI Number
 Applied For Not Applicate Not Applicate

5. Certificate of Status Desired

Not Applicable

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FATSEAS, IOANNIS 1885 SHORE DRIVE SOUTH SOUTH PASADENA, FL 33707

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 fills if applicable. (PIOTE, Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financin Trust Fund Contribution.	° 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	OTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FATSEAS, IOANNIS 1885 SHORE DRIVE SOUTH SOUTH PASADENA, FL 33707				——U000000024088
TITLE NAME STREET ADDRESS CITY-ST-ZIP					02/02/04-80051-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the Information supplied with this fiting 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.					

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR