2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURI

Feb 04, 2004 08:00 AM **DOCUMENT # P94000024563 Secretary of State** 1. Entity Name NORTHUP PAINTING, INC. Principal Place of Business Mailing Address 1800 NORTH 14TH AVE. PENSACOLA FL 32503 1800 NORTH 14TH AVE. PENSACOLA FL 32503 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 59-3242926 Not Applicable Country \$8.75 Additional Zio Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NORTHUP, STEPHEN C Street Address (P.O. Box Number is Not Acceptable) 1800 NORTH 14TH AVE. PENSACOLA FL 32503 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition ☐ Delete TITLE TITLE NORTHUP, STEPHEN C MARKE NAME U00000034654 02/05/04-80092-002 150.00 STREET ADDRESS 1800 NORTH 14TH AVE. STREET ADDRESS PENSACOLA FL 32503 St. 32-37/3 CITY - ST - ZIP ☐ Delete 3/31 F Change Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- ZIP CITY - ST- JIP ☐ Change ☐ Addition ☐ Delete 73TŁE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CATY - ST - ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP ☐ Defete Change Addition TRELE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 suppliemental 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

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