

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90399 017 ***150.00

| | | | | | |
|---|---|---|--|---|--|
| DOCUMENT # P94000025086 | | | | | |
| 1. Entity Name PAINT'N PLACE OF BROWARD, INCORPORATED | | | | | |
| Principal Place of Business 10277 NW 53RD STREET SUNRISE, FL 33351 US | | | Mailing Address P.O BOX 25308 TAMARAC, FL 33320 | | |
| 2. Principal Place of Business 4700 HIATUS ROAD Suite, Apt. #, etc. # 251 | | 3. Mailing Address 7600 NE 137 PLACE Suite, Apt. #, etc. | | | |
| City & State SUNRISE, FL | | City & State CITRA, FL | | 4. FEI Number 65-0480124 | |
| Zip 33351 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FOSTER, GREGORY W 10277 NW 53RD STREET SUNRISE, FL 33351 | | | 7. Name and Address of New Registered Agent Name FOSTER, GREGORY W Street Address (P.O. Box Number is Not Acceptable) 7600 NE 137 PLACE City CITRA FL Zip Code 32113 | | |
| 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 GREGORY FOSTER 4/8/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST FOSTER, GREGORY W 10277 NW 53RD STREET SUNRISE, FL 33351 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST FOSTER, SUSAN L. 7600 NE 137 PLACE CITRA, FL 32113 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FOSTER, GREGORY W. 7600 NE 137 PLACE CITRA, FL 32113 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: GREGORY W FOSTER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 4/7/04 Daytime Phone # 954-742-8383 | | |