2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000025945

 Entity Name NORTHEAST FLORIDA PAINTING & RESTORATION, INC.



Principal Place of Business

6254 POWERS AVE.

SUITE 50

JACKSONVILLE, FL 32217

Mailing Address

6254 POWERS AVE.

SUITE 50

JACKSONVILLE, FL 32217



FILED

Apr 05, 2004 08:00 AM Secretary of State

01242004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3235789

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

PITCHER, WILLIAM L 6254 POWERS AVE. SUITE 50 JACKSONVILLE, FL 32217			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. (FAOTE: Registered			ered Agent argnature required which reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				
10.	OFFICERS AND DIREC	CTORS		, , , , , , , , , , , , , , , , , , ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PITCHER, WILLIAM L 11148 WETHERSFIELD COURT JACKSONVILLE, FL 32257			U00000102929 04/05/04-80035-021 150.00
TITLE NAME STREET ADDRESS CHY-ST-ZIP	ST FRASER, KEITH V 3132 SEARCHWOOD DR JACKSONVILLE, FL 32277			. a
TITLE NAME STREET ADDRESS OITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE
TITLE NAME STREET ADDRESS OFFY-ST-ZIP				
TITLE				•

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 of 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:

STREET ADDRESS CITY - ST - ZIP

William L. Pitcher

49/04

(904)733-4811