

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000006086**

1. Entity Name

JP ALTERNATIVE PAINTING, INC.



Principal Place of Business

8254 BAMA LANE  
SUITE 13  
WEST PALM BEACH, FL 33411

Mailing Address

8254 BAMA LANE  
SUITE 13  
WEST PALM BEACH, FL 33411

**DO NOT WRITE IN THIS SPACE**



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0536855

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAUMAN, DAVID M ESQ.  
7119 W. BROWARD BLVD.  
PLANTATION, FL 33317

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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 registered.)

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

000000065678  
02/25/04 00047 022 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEPPERINE, JOHN J
STREET ADDRESS	8577 WORSWICK CT.
CITY ST ZIP	WELLINGTON, FL 33414
TITLE	VD
NAME	GIALLANZA, JENNIFER
STREET ADDRESS	216 CYPRESS TRACE
CITY ST ZIP	ROYAL PALM BEACH, FL 33411
TITLE	SD
NAME	DIANA, MARY ROSE
STREET ADDRESS	216 CYPRESS TRACE
CITY ST ZIP	ROYAL PALM BEACH, FL 33411
TITLE	TD
NAME	PEPPERINE, JOSEPH A
STREET ADDRESS	216 CYPRESS TRACE
CITY ST ZIP	ROYAL PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Pepperine 2/18/04  
(561) 541-1362