2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 28, 2004 08:00 AM DOCUMENT # P96000025319 **Secretary of State** 1. Entity Name SCOTT ROBERTSON DECORATIVE PAINTING INC. Principal Place of Business Mailing Address 1020 N GOLFVIEW RD LAKE WORTH FL 33460 1020 N GOLFVIEW RD LAKE WORTH FL 33460 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 65-0683147 Not Applicable Ζφ Country Ζφ Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROBERTSON, SCOTT 1020 N GOLFVIEW LANE Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33460 Zio Code City 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 agont and title if applicable (NOTE Registered Agent signature required whon reinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Chance ☐ Addition FIFLE PD ☐ Delete TITLE ROBERTSON, SCOTT NAME NAME U00000018897 1020 N GOLFVIEW LANE STREET ADDRESS STREET ADDRESS 01/29/04-80006-003 150.00 CRY-ST-ZIP CITY -ST-ZIP LAKE WORTH FL 33460 ☐ Change Addition TITLE Delete 11111 NAME NAME STREET ADDRESS STREET ADDRESS CITY+S1-2IP CITY-ST-ZIP THILE Addition 7(T) F Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33T3 F Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 projectes, with all other like empowered.

FILED