2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000034485

FILED Jul 09, 2004 Secretary of State

Entity Name: MEDINA PAINTING, INC. **Current Principal Place of Business: New Principal Place of Business:** 490 S CEDAR AVE ORANGE CITY, FL 32763 **Current Mailing Address: New Mailing Address:** 490 S CEDAR AVE ORANGE CITY, FL 32763 FEI Number: 59-3372986 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MEDINA, HAROLD MEDINA, HAROLD 490 CEDAR AVENUE 490 S CÉDAR AVENUE ORANGE CITY, FL 32763 US ORANGE CITY, FL 32763 US 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. SIGNATURE: 07/09/2004 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MEDINA, HAROLD MEDINA, HAROLD Name: Name: 490 CEDAR AVENUE 490 S CEDAR AVENUE Address: Address: City-St-Zip: ORANGE CITY, FL City-St-Zip: ORANGE CITY, FL Title: VΡ Title: () Change () Addition () Delete Name: MEDINA, JOE Name: 651 WING TR Address: Address: DELTONA, FL 32763 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition TOOMEY, SHANNON Name: Name: 595 S CEDAR AVE Address: Address: City-St-Zip: ORANGE CITY, FL 32763 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD MEDINA P 07/09/2004