

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000061901



1. Entity Name
J & G PAINTING OF CENTRAL FLORIDA, INC.

Principal Place of Business
1122 N MAIN ST
SUITE B
KISSIMMEE, FL 34744 US

Mailing Address
1122 N MAIN ST
SUITE B
KISSIMMEE, FL 34744 US

2. Principal Place of Business
6000 N. Thacker Ave.

3. Mailing Address

Suite, Apt. #, etc.

Ste. A

Suite, Apt. #, etc.

Same as

City & State
Kissimmee FL

City & State

Zip
34741

Country
USA

Zip

Country

6. Name and Address of Current Registered Agent

GENOESE, JOSEPH
214 TARANTO WAY
KISSIMMEE, FL 34758

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 reinstating)

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
GENOESE, JOSEPH
214 TARANTO WAY
KISSIMMEE, FL 34758

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DV
SHORT, SAMUEL J III
2460 KAISER RD
MIMS, FL 32754

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
FAHIE, BERNARD
7226 W. COLONIAL DR #284
ORLANDO, FL 32822

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
HAVEN, PAUL E
3446 WILDERNESS TRAIL
KISSIMMEE, FL 34746

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:

Joe Genaeze
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Feb 17, 2004 8:00 am
Secretary of State**

02-17-2004 90032 032 ***150.00



02132004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3397617	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

2/13/04 407-343-0369
Date Daytime Phone #