
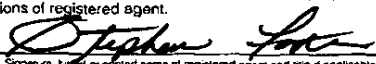
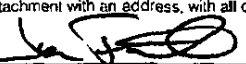


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

01-20-2004 90066 025 ***150.00

DOCUMENT # P97000050026			
1. Entity Name TROPICAL PAINTING OF LEE COUNTY, INC.			
Principal Place of Business 4693 ORANGE GROVE BLVD NORTH FORT MYERS, FL 33903		Mailing Address POST OFFICE BOX 151836 CAPE CORAL, FL 33915	
2. Principal Place of Business 1116 SE 13TH COURT #7		3. Mailing Address	
Suite, Apt. #, etc. #7		Suite, Apt. #, etc.	
City & State CAPE CORAL, FL		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0765388		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 345 ALMERIA AVENUE CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name STEPHEN FORTINI Street Address (P.O. Box Number is Not Acceptable) 920 NW 3RD AVE City CAPE CORAL FL Zip Code 33909	
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  DATE 2-1-04 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTD FORTINI, STEPHEN A 4693 ORANGE GROVE BLVD NORTH FORT MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 920 NW 3RD AVE. CAPE CORAL FL 33909
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD FORTINI, JOSEPH H JR 4693 ORANGE GROVE BLVD NORTH FORT MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 102 NE 7TH PLACE CAPE CORAL FL 33909
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 FORTINI		Date 1-12-04 Daytime Phone 239-523-7732	