


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000084353 1. Entity Name NAPIERACZ PAINTING INC.	
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Principal Place of Business 10599 LAKE VIEW RD E JACKSONVILLE, FL 32225 US	Mailing Address 10599 LAKE VIEW RD E JACKSONVILLE, FL 32225 US
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DO NOT WRITE IN THIS SPACE



07232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3469177	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NAPIERACZ, DAVID J 10599 LAKE VIEW RD E JACKSONVILLE, FL 32225

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAPIERACZ, DAVID J 10599 LAKE VIEW RD E JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAPIERACZ, MICHELLE L 10599 LAKE VIEW RD E JACKSONVILLE, FL 32225
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09/09/04-80002-010 150.00

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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: Michelle L. Napieracz Michelle L. Napieracz 9/7/04 (904) 646-4891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #