


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90034 032 \*\*\*158.75

<b>DOCUMENT # P97000099424</b> 1. Entity Name <b>ELIAS BROTHERS PAINTING &amp; WATERPROOFING, INC.</b>	
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Principal Place of Business <b>4206 ENTERPRISE AVENUE UNIT A-7 NAPLES, FL 34104</b>	Mailing Address <b>4206 ENTERPRISE AVENUE UNIT A-7 NAPLES, FL 34104 US</b>
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01262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3481225</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>ELIAS, MARIA P 4973 TRAYNOR CT NAPLES, FL 34112</b>
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**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 *Maria P. Elias* DATE 2-12-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALIAS, AVIEL 4206 ENTERPRISE AVENUE UNIT A-7 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELIAS, MARIA P 4206 ENTERPRISE AVENUE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALICE, MEIR 4206 ENTERPRISE AVENUE, UNIT A-7 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELIAS, OVADIA 5733 DEAUVILLE CIRCLE, G-108 NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-04 239 643 1624  
Date Daytime Phone #