2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Feb 04, 2004 08:00 AM DOCUMENT # P97000104142 **Secretary of State** 1. Entity Name JEFF KYNOCH PAINTING, INC. Principal Place of Business Mailing Address 3525 GARDENVIEW WAY 3525 GARDENVIEW WAY TALLAHASSEE FL 32308 TALLAHAESSEE FL 32309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 59-3485305 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KYNOCH, JEFFREY P 3525 GARDENVIEW WAY Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32309 City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees_ Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change - 🔲 Addition TITLE Delete TITLE KYNOCH, JEFFREY P MAME NAME U00000034968 STREET ADDRESS STREET ADDRESS 3525 GARDENVIEW WAY 02/06/04-80002-010 150.00 TALLAHASSEE FL 32309 CHTY-ST-ZIP CRTY-57-ZIP TITLE Change Addition Delete 3315 NAME KYNOCH, ANNE O NAME STREET ADDRESS 3525 GARDENVIEW WAY STREET ADDRESS City-St-789 TALLAHASSEE FL 32309 CITY-ST-ZIP ☐ Addition THILE ☐ Change Delete TITLE 255225 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete MAME NAME STREET ADDRESS STREET ADDRESS CRY-St-70 CITY-ST-ZIP ☐ Change ☐ Addition Defete HRE 7371 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C657-ST-782 ☐ Addition Delete BILE Change TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 it 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.

JEFFREY P. KYWOCH

FILED