

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000025897 1. Entity Name SEAN'S PAINTING, INC.																																																																																																	
Principal Place of Business 16720 WHIDDEN ROAD SARASOTA FL 34240			Mailing Address 16720 WHIDDEN ROAD SARASOTA FL 34240																																																																																														
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																															
City & State		City & State																																																																																															
Zip	Country	Zip	Country	4. FEI Number 65-0823436 <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																																																																																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MURPHY, SEAN 16720 WHIDDEN ROAD SARASOTA FL 34240																																																																																													
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____																																																																																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																														
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MURPHY, SEAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16720 WHIDDEN ROAD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SARASOTA FL 34240</td> <td></td> </tr> <tr> <td>TITLE</td> <td>ST</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MURPHY, JEAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16720 WHIDDEN ROAD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SARASOTA FL 34240</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	MURPHY, SEAN		STREET ADDRESS	16720 WHIDDEN ROAD		CITY - ST - ZIP	SARASOTA FL 34240		TITLE	ST	<input type="checkbox"/> Delete	NAME	MURPHY, JEAN		STREET ADDRESS	16720 WHIDDEN ROAD		CITY - ST - ZIP	SARASOTA FL 34240		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE	P	<input type="checkbox"/> Delete																																																																																															
NAME	MURPHY, SEAN																																																																																																
STREET ADDRESS	16720 WHIDDEN ROAD																																																																																																
CITY - ST - ZIP	SARASOTA FL 34240																																																																																																
TITLE	ST	<input type="checkbox"/> Delete																																																																																															
NAME	MURPHY, JEAN																																																																																																
STREET ADDRESS	16720 WHIDDEN ROAD																																																																																																
CITY - ST - ZIP	SARASOTA FL 34240																																																																																																
TITLE		<input type="checkbox"/> Delete																																																																																															
NAME																																																																																																	
STREET ADDRESS																																																																																																	
CITY - ST - ZIP																																																																																																	
TITLE		<input type="checkbox"/> Delete																																																																																															
NAME																																																																																																	
STREET ADDRESS																																																																																																	
CITY - ST - ZIP																																																																																																	
TITLE		<input type="checkbox"/> Delete																																																																																															
NAME																																																																																																	
STREET ADDRESS																																																																																																	
CITY - ST - ZIP																																																																																																	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																
NAME																																																																																																	
STREET ADDRESS																																																																																																	
CITY - ST - ZIP																																																																																																	
TITLE																																																																																																	
NAME																																																																																																	
STREET ADDRESS																																																																																																	
CITY - ST - ZIP																																																																																																	
TITLE																																																																																																	
NAME																																																																																																	
STREET ADDRESS																																																																																																	
CITY - ST - ZIP																																																																																																	
TITLE																																																																																																	
NAME																																																																																																	
STREET ADDRESS																																																																																																	
CITY - ST - ZIP																																																																																																	

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: Sean P. Murphy 1-26-04 9413222058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #