## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # P98000042753  1. Entity Name TCB PAINTING, INC.						05-03-2004 9	90427 007 ***150	0.00
Principal Place of Business Mailing Address					[	•		
123 S.E. 13T CAPE CORAL,		123 S.E. 13TH STREET CAPE CORAL, FL 33909				612: rajil 83(li 24)il 24		lenisti ti jaini
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04222004	Chg-P	CR2E034 (10/03)		
City & State		City & State			4. FEI Number 65-0451		·	oplied For ot Applicable
Zip ~	Country	Zip	Coun	try	5. Certificate of Status Desired			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
JOHNSON, EULONDA S				Name				
123 S.E. 13TH STREET CAPE CORAL, FL 33909				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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								
10.	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	
TITLE NAME	D JOHNSON, EULONDA S	Delete	TITU NAM	1			☐ Change	Addition
STREET ADDRESS	123 S.E. 13TH STREET			ET ADDRESS				1
CITY-ST-ZIP	CAPE CORAL, FL 33909	· · · · · · · · · · · · · · · · · · ·		-ST-ZIP			<del></del>	
TITLE NAME	D JOHNSON, MICHAEL D	☐ Delete	TITL NAM	l l			☐ Change	☐ Addition
STREET ADDRESS	123 S.E. 13TH STREET		STRE	EET ADDRESS				j
CITY-ST-ZIP	CAPE CORAL, FL 33909	(m)	<del>-</del>	- ST- ZIP				
TITLE	JOHNSON, RANDY T	Delete	TITU				☐ Change	☐ Addition
STREET ADDRESS	123 S.E. 13TH STREET			EET ADDRESS				
CITY-ST-ZIP	CAPE CORAL, FL 33909			-ST-ZIP				
TITLE NAME		☐ Delete	TITL NAM	l l			☐ Change	☐ Addition
STREET ADDRESS				EET ADDRESS				)
CITY-ST-ZIP		☐ Delete	TITU	'-ST-ZIP			☐ Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				_
TITLE		☐ Delete	TITL	1			☐ Change	Addition
NAME STREET ADDRESS			NAM STRE	ET ADDRESS				ļ
CITY-ST-ZIP			CITY	'-ST-ZIP				
12. I hereby of	certify that the information supplied with	this filing does not qualify for	the exe	mption stated in Se	ection 119.07(3)(i)	, Florida Statutes.	I further certify that the in	nformation

Thereby certain that the information supplied with this limit does not quality libr the examplion stated in Section 119.07(5)(f), Forcida Statutes. Further certain 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: Lulenda S Johnson Fuldus S Johnson 4-25-04 239-574-930-