

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90258 018 ***150.00

DOCUMENT # P98000046933

1. Entity Name
CUSTOM QUALITY PAINTING, INC.



Principal Place of Business

**5075 TAMiami TrL. E.
NAPLES, FL 34113**

Mailing Address

**5075 TAMiami TrL. E.
NAPLES, FL 34113**



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0841530

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**JAMES KARL & ASSOC.
975 N. COLLIER BLVD
MARCO ISLAND, FL 33937**

**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 _____

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MOREHEAD, ARTHUR W 2965 WOODSIDE AVE. NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVEY, KENNETH L 561 19TH ST. S.W. NAPLES, FL 34117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROWE, KENNETH 9068 IRVING RD. FT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-04

Date

Daytime Phone #