2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000066222

1. Entity Name
CRESPO PAINTING, INC.

Principal Place of Business	Mailing Address
2585 OUTRIGGER LANE NAPLES, FL 34104	2585 OUTRIGGER LANE NAPLES, FL 34104

DO NOT WRITE IN THIS SPACE

66419206

03212004   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-3525840	Applied For
	Not Applicable.
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRESPO, ARIEL G
2585 OUTRIGGER LANE
NAPLES, FL 34104

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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 _Ariel Crespo_   04-30-2004

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	VSTD	
NAME	CRESPO, ARIEL G	
STREET ADDRESS	2585 OUTRIGGER LANE	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	PSTD	
NAME	CRESPO, JEAN	
STREET ADDRESS	2585 OUTRIGGER LN	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE		
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		

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: _Ariel Crespo_   04-30-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #