


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90539 023 ***150.00

DOCUMENT # P99000038936	
1. Entity Name GAINES & KORNS PAINTING, INC.	

Principal Place of Business 450 ELKWOOD LANE ORLANDO, FL 32825-8158	Mailing Address P.O. BOX 521024 LONGWOOD, FL 32752-1024
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2. Principal Place of Business	3. Mailing Address 450 Elkwood Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State Orlando, FL
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Zip	Country	Zip 32825-	Country USA
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04212004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent GAINES, LAURETTA K 743 GALLOWAY TERR WINTER SPRINGS, FL 32708	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

4. FEI Number 59-3579108	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAINES, LAURETTA K 742 GALLOWAY TERR WINTER SPRINGS, FL 32708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Gaines, Lauretta K 7129 CR 772 Webster, FL 33597
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORNS, SALLY A 450 ELKWOOD LANE ORLANDO, FL 328258158	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRINCIPIO, KIMBERLY 450 ELKWOOD LANE ORLANDO, FL 328258158	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Lauretta K. Gaines **Lauretta K. Gaines President** 4/20/04 907-402-1896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #