

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-03-2004 91003 013 ***150.00

DOCUMENT # P99000052718

1. Entity Name

FLORIDA EXPERT PAINTING, INC.



Principal Place of Business

1150 N.W. 52 AVE
LAUDERHILL, FL 33313

Mailing Address

1150 N.W. 52 AVE
LAUDERHILL, FL 33313

14019238



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0931617

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HILTON, PHILLIP
1150 NW 52 AVE
LAUDERHILL, FL 33313

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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 ~~SP~~
NAME ~~HILTON, HORIZON~~
STREET ADDRESS ~~1150 NW 52 AVE~~
CITY-ST-ZIP ~~LAUDERHILL, FL 33313~~

TITLE PD
NAME HILTON, PHILLIP
STREET ADDRESS 1150 NW 52ND AVE.
CITY-ST-ZIP LAUDERHILL, FL 33313

TITLE V
NAME HILTON, GRETA
STREET ADDRESS 1150 NW 52ND AVE.
CITY-ST-ZIP LAUDERHILL, FL 33313

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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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

04-28-2004
Date Daytime Phone #