## FILED Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90218 004 \*\*\*150.00

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

	AMMOAL	REFORI		_			
1. Entity Name	MENT # P990000592 S PAINT & DECORATING, I		94073866				
Principal Place	e of Business	Mailing Address			9,	4013000	)
4039 MARIN		4039 MARINER BLVD	į.				
SPRING HILL,	FL 34609	SPRING HILL, FL_34609.	- E				
				LEITERIA III	(1888) (2814) (2814) (1884) (1884)	AND OT BRITE INTER CERTS I	II (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
fa \$5 states							
e a serie	gradition to the second second			E BENEATORS IN	TOSKA HENE QUIKI DEKH JEQUR	AMERIKA MITIKAN TARETAN FEMINIS A	tril estiment el terri
	and the second second			01072004	No Chg-P	CR2E034 (10	(03)
П	O NOT WRITE	IN THIS SPA	CF		<del></del>	· · · · · · · · · · · · · · · · · · ·	·
		III III O O A	_	4. FEI Numbe 59-358		<b> </b> _	Applied For Not Applicable
				· · · · · · · · · · · · · · · · · ·	····	_ 69.75	Additional
		and the second		5. Certificate	of Status Desired	Fee Re	
	6. Name and Address of Current R	egistered Agent	T 2 8 9 9	7.8	100		
			100	100			
BARKER,		DO NOT WRITE					
5670 S. SHADY OAKS TERR. LECANTO, FL 34461							
				- IN 1	THIS SP	AUE	9.9
				10 100			100
O The share							44
	named entity submits this statement for ions of registered agent.	me purpose or changing its registe	red dilice or register	ed agent, or bot	n, in the State of Fio	ricia. I am tambar	with, and accept
_							
SIGNATURE_	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE: Register	red Agent signature required	f when reinstating)	·····	DATE	<del></del>
After Ma	E NOWILL FEE IS \$150.00 ny 1, 2004 Pee will be \$550.0			.00 May Be ed to Fees			
10.	OFFICERS AND D	DIRECTORS	-	ar certification			10.5
TITLE Name	D BARKER, RODNEY	•			4.0		
STREET ADDRESS	2110 NW 15TH ST.						
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428						
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP					1.0		
TITLE				100			
NAME STREET ADDRESS							4
CITY-ST-ZIP				DO	NOT W	RITE	
TITLE		· · · · · · · · · · · · · · · · · · ·	- 8 .	INI.	тије ег	MOE	
NAME				e IIV	THIS SF	AUE .	
STREET ADORESS			The state of the s		erenige ten di Gran song pangan		and the second
CITY-ST-ZIP						1	
TITLE							
NAME STREET ADDRESS					1 6 at 1 2 at 1 at 1		
CITY-ST-ZIP					ere grande de		
TITLE							
NAME							
STREET ADDRESS	l						
CITY-ST-ZIP							100
12. hereby	certify that the information supplied with t	this filing does not qualify for the ex	emption stated in Se	ection 119.07(3)	i), Florida Statutes. I	further certify that	the information
Indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emport, or on an attachment with an address, w	true and accurate and that my sign wered to execute this report as requ	ature shall have the uired by Chapter 60.	same legal effec 7, Florida Statute	t as it made under ones; and that my name	eatn; that I am an c appears in Block	micer or director 10 or Block 11 if
changed	, , ,	,					ļ
	man Eller	D. 1 . O. 1	u Anal.		Malan	200 //	1 0000