

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 28, 2004 08:00 AM

Secretary of State

DOCUMENT # P99000063181

1. Entity Name  
ALL FLORIDA PAINTING SERVICES, INC.



Principal Place of Business  
402 UNIVERSITY BLVD  
#3  
DAYTONA BEACH, FL 32118

Mailing Address  
402 UNIVERSITY BLVD  
#3  
DAYTONA BEACH, FL 32118

DO NOT WRITE IN THIS SPACE



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3587828

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MORRONE, ANTHONY  
402 UNIVERSITY BLVD #3  
DAYTONA BEACH, FL 32118

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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

000000071307  
03/01/04-R0066-005 158 75

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
P  
JOHNSON, GARY  
402 UNIVERSITY BLVD #3  
DAYTONA BEACH, FL 32118

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
ST  
MORRONE, ANTHONY  
402 UNIVERSITY BLVD #3  
DAYTONA BEACH, FL 32118

TITLE  
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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

GARY JOHNSON Pres. 2-25-04 386-334-5301

Date

Daytime Phone #