2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000083957

Address:

City-St-Zip:

FORT MYERS, FL 33907

FILED Apr 14, 2004 Secretary of State

Entity Name: ALCHEMISTS OF FAUX FINISHING, INC. **Current Principal Place of Business: New Principal Place of Business:** 2090 BEACON MANOR FT. MYERS, FL 33907 **Current Mailing Address: New Mailing Address:** P.O. BOX 61857 FORT MYERS, FL 339061857 FEI Number: 65-0948229 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STAMPS, JOHN E CPA CFP 9541 CYPRESS LAKE DRIVE # 5 FORT MYERS, FL 33919 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition DEMARCO, JANET Name: Name: 2181 BARRY DR. Address: Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: Title: Title: () Change () Addition () Delete Name: DEMARCO, DARAYL Name: 2181 BARRY DR. Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET DEMARCO **PRES** 04/14/2004