

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 22, 2004 8:00 am
Secretary of State

09-09-2004 90002 042 ***150.00

DOCUMENT # P99000092332

1. Entity Name

PRIME TIME PAINTING INC



Principal Place of Business

~~130 THOMPSON RD~~
~~SANTA ROSA BEACH FL 32459~~

Mailing Address

~~P.O. BOX 1965~~
~~SANTA ROSA BEACH FL 32459~~

66433953



MOORE

CR2E034 (4/04)

2. Principal Place of Business

49 Garnett Bayou Rd.
Suite, Apt. #, etc.

3. Mailing Address

49 Garnett Bayou Rd.
Suite, Apt. #, etc.

City & State

S.R.B., Florida

City & State

S.R.B., Florida

4. FEI Number

59-3606317

Applied For

Not Applicable

Zip

32459

Country

WALTON

Zip

32459

Country

WALTON

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FARRISH, AUDREY
804 CHURCHILL BAYOU RD.
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GERLOFF, DORSIA D**
STREET ADDRESS **P.O. BOX 1965 N/A**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE **FERL** ☐ Delete
NAME **OFF, MARION J**
STREET ADDRESS **P.O. BOX 1965 N/A**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Dorsia D. Gerloff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-18-04 8502673318

Date

Daytime Phone #

Dorsia D. Gerloff