

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000110204

FILED
Feb 10, 2004
Secretary of State

Entity Name: TRIPLE OAKS PAINTING, INC.

Current Principal Place of Business:

10430 NORTH WISE OWL POINT DRIVE
DUNNELLON, FL 34434

New Principal Place of Business:

8248 S. KIMBERLY CIR.
FLORAL CITY, FL 34436

Current Mailing Address:

10430 NORTH WISE OWL POINT DRIVE
DUNNELLON, FL 34434

New Mailing Address:

8248 S. KIMBERLY CIR.
FLORAL CITY, FL 34436

FEI Number: 59-3614471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRY, JADE
10430 NORTH WISE OWL POINT DRIVE
DUNNELLON, FL 34434

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: PERRY, JADE A
Address: 10430 N WISE OWL PT
City-St-Zip: DUNNELLON, FL 34434

Title: VPS () Delete
Name: WINSTED, WENDY LEA
Address: 8248 S KIMBERLY CIRCLE
City-St-Zip: FLORAL CITY, FL 34436

Title: VPO () Delete
Name: HART, RICHARD JR
Address: 11200 N.W. 12TH LANE
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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: JADE A. PERRY

P

02/10/2004

Electronic Signature of Signing Officer or Director

Date