

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2004 8:00 am**  
**Secretary of State**

07-07-2004 90003 013 \*\*\*150.00

**DOCUMENT # S30293**

1. Entity Name

THE PAINT COMPANY, INC.



Principal Place of Business

5661 GREY FOX RUN  
FT. MYERS, FL 33912 US

Mailing Address

PO BOX 383  
SANIBEL, FL 33957 US

**54060188**



07012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number	Applied For
65-0241341	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

WOJNAR, LEONARD M.  
5661 GREY FOX RUN  
FORT MYERS, FL 33912

**DO NOT WRITE  
IN THIS SPACE**

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	WOJNAR, LEONARD M.
STREET ADDRESS	9825 OWL CLOVER ST.
CITY-ST-ZIP	FORT MYERS, FL
TITLE	D
NAME	WOJNAR, KAREN L.
STREET ADDRESS	9825 OWL CLOVER ST.
CITY-ST-ZIP	FORT MYERS, FL
TITLE	D
NAME	DESTOPPLANE, RAYMOND
STREET ADDRESS	9712 FOXGLOVE CIR
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:**

*X Leonard M. Wojnar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEONARD M. WOJNAR 7/1/04

Date

Daytime Phone #

239-  
850-7232

Attachment

54060188

# S 30293

THE PAINT COMPANY, INC.

239- 472-8844



TO WHOM IT MAY CONCERN  
AS OF 7/1/04 I NEVER  
RECEIVED MY RENEWAL IN  
THE MAIL. ONLY THE  
NOTICE TO DISSOLVE. I  
AM SENDING THE MONEY  
TO RENEW THE CORPORATION.  
THANK YOU.

Raymond De Stoppelaar

