


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # S34149
1. Entity Name
RUSH AND PAINTER, INC.



Principal Place of Business
8663 SW 190TH AVENUE ROAD
DUNNELLON, FL 34432

Mailing Address
8663 SW 190TH AVENUE ROAD
DUNNELLON, FL 34432



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3052654

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
Rush
RUSH, AMY
863 SW 190 AVE RD
DUNNELLON, FL 34432

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

UDDDDD143415
04/30/04-90093-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PAINTER, HARRY J
STREET ADDRESS	PALMETTO WAY 12193
CITY-ST-ZIP	DUNNELLON, FL
TITLE	D
NAME	RUSH, AMY J
STREET ADDRESS	8663 SW 190TH AVENUE ROAD
CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	D
NAME	SMITH, SHERRY R
STREET ADDRESS	2553 SW 210TH AVE.
CITY-ST-ZIP	DUNNELLON, FL
TITLE	D
NAME	PAINTER, EMMA JEANE
STREET ADDRESS	12193 PALMETTO WAY
CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Amy Rush Pres. Date: 4/29/04 Daytime Phone #: 352/489-4689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR