


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State


03-17-2004 90042 016 ***150.00

DOCUMENT # S78480	
1. Entity Name FUNKHOUSER'S STRIPING SERVICE, INC.	

Principal Place of Business 8238 US HWY 93, N. LAKELAND, FL 33809-5326 US	Mailing Address P.O. BOX 90193 LAKELAND, FL 33809-5326 US
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94031133

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P O Box 90193 Suite, Apt. #, etc.	
City & State		City & State LAKELAND, FL	
Zip	Country	Zip	Country
		33804-0193	USA

	
02192004	Chg-P CR2E034 (10/03)
4. FEI Number 59-3094198	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

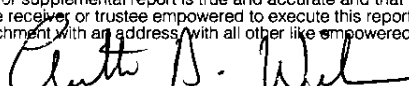
6. Name and Address of Current Registered Agent KEVIN P. OR ANNETTE D. WILSON 8350 HIGHWAY 33 NORTH LAKELAND, FL 33809	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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
(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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEVIN P. WILSON	NAME	
STREET ADDRESS	8350 HWY 33 NORTH	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33809	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNETTE D. WILSON	NAME	
STREET ADDRESS	8350 HWY 33 NORTH	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33809	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 	Date: 2-23-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Annette D. Wilson	