

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90254 026 ***150.00

DOCUMENT # V09934

1. Entity Name
COMPLETE PAINTING, INC.



Principal Place of Business Mailing Address

~~377 HARBOR COURT~~ ~~377 HARBOR COURT~~
 %CHRIS MEYERS %CHRIS MEYERS
 WESTON FL 33326 WESTON FL 33326
 US US

34073073



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

16650 Watersedge Drive *16650 Watersedge Drive*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

65-0305992 Not Applicable

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

6. Name and Address of Current Registered Agent

~~MYERS, CHRIS~~ *Address Change*
~~377 HARBOR COURT~~ *16650 Watersedge Drive*
 WESTON FL 33326 *Weston, Fla 33326*

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 *Chris Myers* DATE _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MYERS, CHRIS	377 HARBOR COURT <i>16650 Watersedge Drive</i>	WESTON FL 33326 <i>Weston, Fla 33326</i>	<input type="checkbox"/>
VP	MYERS, DEATRA	377 HARBOR COURT <i>16650 Watersedge Drive</i>	WESTON FL 33326 <i>Weston Fla 33326</i>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<i>Address Change</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<i>Address Change</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 *Chris Myers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *April 27, 2004* Daytime Phone # *954 605-1325*