


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 03, 2004 08:00 AM
Secretary of State

DOCUMENT # V20425 1. Entity Name C.C. PAINTING ENTERPRISES, INC.	
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Principal Place of Business 2983 LOCKWOOD MEADOW BLVD. SARASOTA, FL 34234	Mailing Address 2983 LOCKWOOD MEADOW BLVD. SARASOTA, FL 34234
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DO NOT WRITE IN THIS SPACE



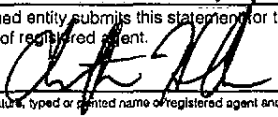
04222004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0321250	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOBBS, CHRISTOPHER 2983 LOCKWOOD MEADOW BLVD. SARASOTA, FL 34234

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IN THIS SPACE**

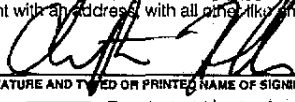
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE:  Christopher Hobbs Aug 31 04 <small>(NOTE: Registered Agent signature required when reinstating)</small>

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOBBS, CHRISTOPHER 2983 LOCKWOOD MEADOW BLV SARASOTA, FL
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09/03/04-80005-014 550.00

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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:  Christopher Hobbs Aug 31 04 941-366-3798 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>