


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # V47827 1. Entity Name P & L PAINTING & DECORATING, INC.	
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Principal Place of Business 714 NW 89TH ST GAINESVILLE, FL 32607 US	Mailing Address 714 NW 89TH ST GAINESVILLE, FL 32607 US
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07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3130256	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

**LILIEHOLM, LENNART E.
714 NW 89TH ST
GAINESVILLE, FL 32607**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P	LILIEHOLM, LENNART E.
NAME LILIEHOLM, LENNART E.	
STREET ADDRESS 714 NW 89TH ST	
CITY - ST - ZIP GAINESVILLE, FL	
TITLE D	LILIEHOLM, JEANNIE
NAME LILIEHOLM, JEANNIE	
STREET ADDRESS 714 NW 89TH STREET	
CITY - ST - ZIP GAINESVILLE, FL	
TITLE VP	THORNROSE, ROBERT
NAME THORNROSE, ROBERT	
STREET ADDRESS PO BOX 1277 NA	
CITY - ST - ZIP HAWTHORNE, FL	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**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)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lennart Lilieholm 7/10/04 (352) 278-1877