

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # V66076

1. Entity Name  
FLORIDA PAINTING SPECIALIST, INC.



Principal Place of Business  
7650 OVERLOOK DR.  
LAKE WORTH, FL 33467

Mailing Address  
7650 OVERLOOK DR.  
LAKE WORTH, FL 33467

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**



01092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1854129

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MCDONALD, MARSHALL, III  
224 DATURA ST.  
STE.611  
WEST PALM BEACH, FL 33401

**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 reinstating)

DATE

**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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BEEDE, DAVID E.
STREET ADDRESS	7650 OVERLOOK DRIVE
CITY-ST-ZIP	LAKE WORTH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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U000000042976  
02/10/04-80046-010 150.00

**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)(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: *David Beede* David Beede

*2-5-04* 2-5-04

*(561) 967-2053* (561) 967-2053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #