


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # K52227**  
1. Entity Name  
**HOLLYWOOD PAINT & COLOR WORKS, INC.**



Principal Place of Business  
**14 SE HOLLYWOOD BLVD  
FT WALTON BCH, FL 32548 US**

Mailing Address  
**14 SE HOLLYWOOD BLVD  
FT WALTON BCH, FL 32548 US**

**DO NOT WRITE IN THIS SPACE**



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2919316** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**HARVELL, TOMMY H.  
6954 HWY 189 N  
BAKER, FL 32531**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVELL, ALICE M. 6954 HWY 189 NORTH BAKER, FL 32531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVELL, TOMMY H. 14 E. HOLLYWOOD BLVD FT. WALTON BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/26/07-80009-014 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Tommy H. Harvell* 1/22/07 850 244 3432  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #