

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000053752



FILED

07 JUL 18 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Entry Name <b>ISLAND PAINT &amp; POWER WASH INC</b>		Principal Place of Business 255 VILLA VERDA RD SAINT AUGUSTINE, FL 32084		Mailing Address 255 VILLA VERDA RD ST AUGUSTINE, FL 32084	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite Apt # etc		Suite Apt #, etc			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3727357</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

07092007 Chg-P CR2E034 (12/06)

5. Name and Address of Current Registered Agent

**HALL, CHARLES E JR**  
77 ALMERIA ST  
ST AUGUSTINE, FL 32084

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: DATE: 7/16/07

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

**Amended AR is \$61.25**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME	PVST BUNTING, BRIEN J 255 VILLA VERDA RD ST AUGUSTINE, FL 32084	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000106650320</b> 07/24/07--01061--008 **61.25
	<input type="checkbox"/> Delete		
NAME	VP CONNICK, TODD A 255 VILLA VERDA ROAD ST. AUGUSTINE, FL 32080	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		
NAME	VP BROUGHAM, ERIC L 255 VILLA VERDA RD SAINT AUGUSTINE, FL 32084	TITLE	Vice-President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input checked="" type="checkbox"/> Delete	NAME	Scott Charles Callahan
		STREET ADDRESS	255 Villa Verda Road
		CITY/STATE	Saint Augustine, FL 32084
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 and an address, with all other like empowered.

SIGNATURE: DATE: 7/16/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR