


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000024846 1. Entity Name SPECIALTY PAINTING, INC.		
Principal Place of Business 1302 LACONIA STREET SEBASTIAN FL 32958		Mailing Address 1302 LACONIA STREET SEBASTIAN FL 32958
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State	
Zip Country	Zip Country	4. FEI Number 02-0558808 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN -9 PM 4:38



1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent MAHUNIK, EDWARD C 1302 LACONIA STREET SEBASTIAN FL 32958	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Edward C. Mahunik _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when reconstituting)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHUNIK, EDWARD 1302 LACONIA STREET SEBASTIAN FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> 700156953757 06/09/09--01040--017 **150.00 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAZILL-MAHUNIK, BARBARA J 1302 LACONIA STREET SEBASTIAN FL 32958 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.5em;"> B 6/12/09 </div>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Edward C. Mahunik **MAY 9, 2009**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR