


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 06, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000025286 1. Entity Name CENTRAL FLORIDA PAINT WORK, INC.	
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Principal Place of Business 13238 WHITE CYPRESS RD ASTATULA, FL 34705	Mailing Address 13238 WHITE CYPRESS RD ASTATULA, FL 34705
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DO NOT WRITE IN THIS SPACE



08012007 No Chg-P CR2E034 (11/05)

4. FEI Number 74-3031175	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

**LOPER, ANDREW
13238 WHITE CYPRESS RD
ASTATULA, FL 34705**

**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 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV LOPER, ANDREW 13238 WHITE CYPRESS RD ASTATULA, FL 34705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LOPER, TRACY 13238 WHITE CYPRESS RD ASTATULA, FL 34705
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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: Mark Loper Tracy Loper 7/31/07 352-874-2608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #