

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000124746

1. Entity Name
MIKE WILLIAMSON PAINTING, INC.



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| Principal Place of Business 3564 168TH STREET WELLBORN, FL 32904 | Mailing Address 3564 168TH STREET WELLBORN, FL 32904 |
|--|--|

DO NOT WRITE IN THIS SPACE



01202007 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 05-0591748 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

WILLIAMSON, MINDEL M
 3564 168TH STREET
 WELLBORN, FL 32904

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

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

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WILLIAMSON, MICHAEL S 3564 168TH STREET WELLBORN, FL 32094 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD WILLIAMSON, MINDEL M 3564 168TH STREET WELLBORN, FL 32094 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WILLIAMSON, KENNETH C 3564 168TH STREET WELLBORN, FL 32094 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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 01/25/07-00108-006 150.00

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: *Minde M. Williamson* *Minde M. Williamson* 1-23-07 386-963-1034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #