


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 A
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
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DO NOT WRITE IN THIS SPACE



01162008 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

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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 _____ 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, 2008 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	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
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 01/25/08-80011-017-150.00

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 1-18-08 386-963-1034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #