2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 8:00 am
Secretary of State
01-26-2007 90039 038 ***150.00

DOCUMENT # P03000134487

1. Entity Name
BICKFORD PAINTING SERVICES, INC.

Principal Place of Business	Mailing Address
SARASOTA COUNTY 3010 HATTON ST. SARASOTA FL 34237-8226	3010 HATTON ST. SARASOTA FL 34237

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3010 Hatton S.t	3010 Hatton S.t
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Sarasota Fl	Sarasota Fl.
City & State	City & State
Zip 34237-8226 Country Sarasota	Zip 34237-8226 Country Sarasota

4. FEI Number 52-2414118 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PADEREWSKI, ALEXANDER G
1834 MAIN STREET
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name: Merton L Bickford
Street Address (P.O. Box Number is Not Acceptable): 3010 Hatton S.t
Sarasota
City: Sarasota FL Zip Code: 34237-8226

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: Merton L Bickford OWNER 1-18-07
(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
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BICKFORD, LLOYD 3010 HATTON ST SARASOTA FL 34237	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: MERTON L BICKFORD 1-18-07 941 365-1859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #