

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000135613
 1. Entity Name
DO IT RIGHT THE FIRST TIME PAINTING, INC.



Principal Place of Business
**550 DOLPHIN ST
 PORT ST JOE, FL 32456**

Mailing Address
**550 DOLPHIN ST
 PORT ST JOE, FL 32456**

DO NOT WRITE IN THIS SPACE



04102007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2506423 Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent

**QUINTANILLA, CHRISTINE
 550 DOLPHIN ST
 PORT ST JOE, FL 32456**

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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, 2007 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	P QUINTANILLA, VICTOR G 550 DOLPHIN ST PORT ST JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUINTANILLA, CHRISTINE 550 DOLPHIN ST PORT ST JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V QUINTANILLA, DAVID 550 DOLPHIN ST PORT ST JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WAYNE, MAITLAND 550 DOLPHIN ST PORT ST JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000702057
 04/20/07-80084-011 150.00

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 secretary 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:  **1-850-227-4242**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #