

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 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**



04222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2506423	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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

Christine Quintanilla

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-08

**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

U000000920249
05/14/08-80036-011 158.75

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
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:

Victor G. Quintanilla

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-22-08

Daytime Phone #

850-227-4242