


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P04000014783**

1. Entity Name  
**PRO KOTE PAINTING, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>11085 BLUE ROAN CT.<br/>         JACKSONVILLE FL 32257</b> | Mailing Address<br><b>11085 BLUE ROAN CT.<br/>         JACKSONVILLE FL 32257</b> |
|--|--|



|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

1st MOORE CR2E034 (10/06)

|  |  |  |  |                                       |
|--|--|--|--|---------------------------------------|
| 4. FEI Number <b>65-1213559</b>  |  |  |  | Applied For                           |
|  |  |  |  | Not Applicable                        |
| 5. Certificate of Status Desired <input type="checkbox"/>                                    |  |  |  | <b>\$8.75</b> Additional Fee Required |
| 6. Name and Address of Current Registered Agent  |  |  | 7. Name and Address of New Registered Agent        |                                       |
| <b>MYERS, LAURANCE O<br/>         11085 BLUE RONE CT.<br/>         JACKSONVILLE FL 32257</b> |  |  | Name   |                                       |
|  |  |  | Street Address (P.O. Box Number is Not Acceptable) |                                       |
|  |  |  | City   |                                       |
|  |  |  | <b>FL</b>  | Zip Code                              |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | <b>9. Election Campaign Financing</b> <b>\$5.00</b> May Be<br>Trust Fund Contribution <input type="checkbox"/> Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                        |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>PST</b><br><b>MYERS, LAURANCE O</b><br><b>11085 BLUE RONE CT.</b><br><b>JACKSONVILLE FL 32257</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br><b>U00000757985</b><br><b>05/23/07-80093-018 150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> 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:** LAURANCE O Myers 4/28/07 904 262-5743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #