'04 2009 **FOR PROFIT CORPORATION ANNUAL REPORT**

07-10-2008 90015 013 ***150.00
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DOCUMENT # P99000039501

1. Entity Name
FIRST CHOICE PAINTING INC

FILED
08 JUL 30 PH 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1565 TUGWELL ST. SE PALM BAY, FL 32909	PO BOX 110807 PALM BAY, FL 32907

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04272008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0930806
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAXWELL, BARRINGTON
1565 TUGWELL ST. SE
PALM BAY, FL 32909

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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	SD
NAME	MAXWELL, BARRINGTON
STREET ADDRESS	1565 TUGWELL ST. SE
CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	PD
NAME	MAXWELL, ELFREDA
STREET ADDRESS	1565 TUGWELL ST. SE
CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
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CITY-ST-ZIP	

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DD not know report notice

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: Barrington Maxwell BARRINGTON MAXWELL 4/28/08 321-676-3380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #