

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90098 019 ***150.00

DOCUMENT # L09223 1. Entity Name ACCURATE PAINTING, INC.					
Principal Place of Business 420 ARAPAHO TR C/O FRED A. HALE SR MAITLAND, FL 32751 US			Mailing Address 420 ARAPAHO TRAIL C/O FRED A. HALE SR MAITLAND, FL 32751 US		
2. Principal Place of Business - No P.O. Box # 420 ARAPAHO TRAIL Suite, Apt. #, etc.		3. Mailing Address 420 ARAPAHO TRAIL Suite, Apt. #, etc.			
City & State MAITLAND, FLA.		City & State MAITLAND FLORIDA		4. FEI Number 59-2959332	
Zip 32751		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALE, FRED A. SR 420 ARAPAHO TRAIL MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u><i>Fred A. Hale Sr</i></u> DATE <u><i>1/24/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP HALE, FRED A. SR 420 ARAPAHO TRAIL MAITLAND, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT HALE, JOSEPHINE A 420 ARAPAHO TRAIL MAITLAND, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP HALE, FRED A. JR. 2145 CHAPMAN WOODS PL ORLANDO, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS HALE, MARK R 1028 S MILLS AVE ORLANDO, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - 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 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: <u><i>Fred A. Hale Sr</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>1/24/07</i></u> Daytime Phone # <u><i>407-925-6300</i></u>		

L0009458



01242007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

FL Zip Code

1/24/07

☐ **\$5.00 May Be Added to Fees**

N/A

N/A

SECRETARY HALE, JOSEPHINE A. N/A