

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000139184

FILED
Mar 28, 2007
Secretary of State

Entity Name: TNT BAY AREA PAINTING COMPANY

Current Principal Place of Business:

3809 FOREST PARK PLACE
LAND O'LAKES, FL 34639

New Principal Place of Business:

1933 KETTLER DRIVE
LUTZ, FL 33559

Current Mailing Address:

3809 FOREST PARK PLACE
LAND O'LAKES, FL 34639

New Mailing Address:

PO BOX 116
LAND O'LAKES, FL 34639

FEI Number: 54-2134231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZINKAND, CHRISTINE M
3809 FOREST PARK PLACE
LAND O'LAKES, FL 34639 US

Name and Address of New Registered Agent:

WINGARD, KIM
1933 KETTLER DRIVE
LUTZ, FL 33559 US

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.

SIGNATURE: KIM WINGARD

03/28/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ZINKAND, MARK A
Address: 3809 FOREST PARK PLACE
City-St-Zip: LAND O'LAKES, FL 34639

Title: VP () Delete
Name: ZINKAND, CHRISTINE M
Address: 3809 FOREST PARK PLACE
City-St-Zip: LAND O'LAKES, FL 34639

Title: S () Delete
Name: ZINKAND, CHRISTINE M
Address: 3809 FOREST PARK PLACE
City-St-Zip: LAND O'LAKES, FL 34639

Title: T () Delete
Name: ZINKAND, CHRISTINE M
Address: 3809 FOREST PARK PLACE
City-St-Zip: LAND O'LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE ZINKAND

VP

03/28/2007

Electronic Signature of Signing Officer or Director

Date