2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000106667

1. Entity Name
WILLIAMSON'S PAINTING INC.

Principal Place of Business	Mailing Address
1600 SMITTYS WAY	1600 SMITTYS WAY
TALLAHASSEE, FL 32304	TALLAHASSEE, FL 32304

DO NOT WRITE IN THIS SPACE

01182007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
06-1681895		Not Applicable
5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMSON, DAVID
4856 W. PENSACOLA ST. LOT 12
TALLAHASSEE, FL 32304

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	WILLIAMSON, DAVID
STREET ADDRESS	4856 W. PENSACOLA ST. LOT 12
CITY-ST-ZIP	TALLAHASSEE, FL 32304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/14/07-80055-005 150.00

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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: _David Williamson_   4-25-07   (850)264-398_5_

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