

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000033750**

1. Entity Name  
 TOUCH DOWN PAINTING, INC.



Principal Place of Business  
 6480 NW 57TH CT.  
 Ocala, FL 34482

Mailing Address  
 6480 NW 57TH CT.  
 Ocala, FL 34482



04272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-3441777 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ESCARCEGA, TONY  
 6480 NW 57TH CT.  
 Ocala, FL 34482

**DO NOT WRITE IN THIS SPACE**

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 renewing)

**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

1100000753680  
 05/22/07-80031-006 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCM ESCARCEGA, TONY 6480 NW 57TH CT. OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ESCARCEGA, PAM 6480 NW 57TH CT. OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV ARMSTRONG, DENNIS 5811 NW 64TH CT. OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Tony Escarcega*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4/30/07 (350) 690-7053  
Date Daytime Phone #