# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 02, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # P06000071345

1. Entity Name
STORMS PAINTING INC.

Principal Place of Business
14648 MASCOTTE EMPIRE ROAD
GROVELAND, FL 34736 US

Mailing Address
P. O. BOX 133
GROVELAND, FL 34736 US

04242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4941180

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STORM, MICHAEL B
14648 MASCOTTE EMPIRE ROAD
GROVELAND, FL 34736

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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 Michael B. Storm, Michael B. Storm /Pres. 4/30/2008
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, 2008 Fee will be $550.00**

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

U00000942705
05/29/08-80031-006 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PTS |
| NAME | STORM, MICHAEL B |
| STREET ADDRESS | 14648 MASCOTTE EMPIRE ROAD |
| CITY-ST-ZIP | GROVELAND, FL 34736 |
| TITLE | VP |
| NAME | STORM, JOHNATHAN M |
| STREET ADDRESS | 14648 MASCOTTE EMPIRE ROAD |
| CITY-ST-ZIP | GROVELAND, FL 34736 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |

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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:** Michael B. Storm, Michael B. Storm 4/30/2008 (352)8745553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #