


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 <input type="checkbox"/>	\$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. DATE: *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	
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: *Michael B. Storm*, *Michael B. Storm* DATE: *4/30/2008* (352) 674-5543

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