2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 206978

1. Entity Name
BRINTON'S PAINT COMPANY

Principal Place of Business	Mailing Address
200 PARK ST P.O. BOX 2007 JACKSONVILLE, FL 32204	200 PARK ST P.O. BOX 2007 JACKSONVILLE, FL 32203

04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0814488
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRINTON, BURK B.
1951 AFTON LN.
JACKSONVILLE, FL 32211

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
If changing registered agent, type or printed name of registered agent and title if applicable. *(NOTE: Registered Agent signature required when reinstating)*

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

April 22, 2008

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	BRINTON, BURK B
STREET ADDRESS	1951 AFTON LANE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VS
NAME	BRINTON, MARY W
STREET ADDRESS	1951 AFTON LANE
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VD
NAME	BRINTON, ROBERT E
STREET ADDRESS	1333 SINCLAIR LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000922757
05/16/08-80003-014 150.00

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: Burk Brinton April 22, 2008 904-354-7707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #