

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 328819

FILED
Apr 23, 2008
Secretary of State

Entity Name: CENTRAL PAINT STORES INC

Current Principal Place of Business:

636 NORTHWEST 13TH STREET
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

636 NORTHWEST 13TH STREET
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 59-1211588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWELL SCHNEIDER
636 NORTHWEST 13TH STREET
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARNAU IV, FRANCIS M,
Address: 1066 BRIDGEWATER WALK
City-St-Zip: SNELLVILLE, GA 30078

Title: V () Delete
Name: LOWELL SCHNEIDER,
Address: P. BOX BOX 7151
City-St-Zip: LAKE CITY, FL 32055

Title: PDT () Delete
Name: ARNAU 111, FRANCIS M,
Address: 221 NEAL RD.
City-St-Zip: COMMERCE, GA

Title: D () Delete
Name: MERZ, GAIL A,
Address: 3262 SCARLET LANE
City-St-Zip: KENNESAW, GA 30144

Title: S () Delete
Name: ARNAU, MARY L
Address: 221 NEAL RD.
City-St-Zip: COMMERCE, GA 30530

Title: D () Delete
Name: RUSSO, ALISON A
Address: 927 OLD FARM WALK
City-St-Zip: MARIETTA, GA 30066 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCIS M. ARNAU, III

MR

04/23/2008

Electronic Signature of Signing Officer or Director

Date