

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90039 017 ***150.00

DOCUMENT # 483709

1. Entity Name

INDUSTRIAL PAINTING CORPORATION



Principal Place of Business

**TUSKENOOGEE ROAD
LAKE CITY FL 32056**

Mailing Address

**P. O. BOX 541
LAKE CITY FL 32056-0541**

COARCTIONS



2. Principal Place of Business - No P.O. Box #

2222 SW TUSTENUGEE AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip
32025

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number
59-1616815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUIE, H A JR
138 SE FAWN GLEN
LAKE CITY FL 32056**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when completing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input type="checkbox"/> Delete
NAME	BUIE, HUGH A	
STREET ADDRESS	P.O. BOX 541	
CITY-ST-ZIP	LAKE CITY FL 32096	
TITLE	P	<input type="checkbox"/> Delete
NAME	BUIE, HUGH A JR	
STREET ADDRESS	P.O. BOX 541	
CITY-ST-ZIP	LAKE CITY FL 32056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 JAN 08 9046317390

Date

Daytime Phone #