2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 529573

1. Entity Name
SOUTH FLORIDA PAINTING AND WATERPROOFING CO., INC.

Principal Place of Business	Mailing Address
3973 ARNOLD AVE. NAPLES, FL 34104-3373 US	3973 ARNOLD AVE. NAPLES, FL 34104-3373 US

01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1726145
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COCHRAN, THOMAS WAYNE
3973 ARNOLD AVE
NAPLES, FL 34104

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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 _____ DATE
Signature, typed 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

U00000838080
03/05/08-80016-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COCHRAN, THOMAS W.
STREET ADDRESS	3973 ARNOLD AVE
CITY-ST-ZIP	NAPLES, FL
TITLE	S
NAME	COCHRAN, MARGARET D.
STREET ADDRESS	3973 ARNOLD AVE
CITY-ST-ZIP	NAPLES, FL
TITLE	V
NAME	LEWIS, WILLIAM T
STREET ADDRESS	3973 ARNOLD AVE
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	T
NAME	COOPER, MARIE T
STREET ADDRESS	3973 ARNOLD AVE
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: Thomas W. Cochran 2-14-08 239-643-7788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #