


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90182 020 \*\*\*150.00

<b>DOCUMENT # 654050</b> 1. Entity Name <b>LARRY NAUGHTON PAINTING, INC.</b>			
Principal Place of Business <b>3369 MYRTLE HILL DR., E. LAKELAND FL 33811</b>		Mailing Address <b>3369 MYRTLE HILL DR., E. LAKELAND FL 33811</b>	
2. Principal Place of Business - No P.O. Box # <b>3369 Myrtle Hill Dr E</b> Suite, Apt. #, etc.		3. Mailing Address <b>3369 Myrtle Hill Dr, E</b> Suite, Apt. #, etc.	
City & State <b>LAKELAND FL 33811</b>		City & State <b>LAKELAND FL</b>	
Zip <b>33811</b>	Country <b>USA</b>	Zip <b>33811</b>	Country <b>POIK</b>
4. FEI Number <b>59-1968645</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>NAUGHTON, LARRY G 3369 MYRTLE HILL DR LAKELAND FL</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP NAUGHTON, LARRY G 3369 MYRTLE HILL DR LAKELAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD NAUGHTON, ANNETTE 3369 MYRTLE HILL DR LAKELAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E034 (10/06)

**SIGNATURE:** *Annette Naughton* **ANNETTE NAUGHTON** **4-16-07** **863 646 5574**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #