## 2007 FOR PROFIT-CORPORATION ANNUAL REPORT (AR)

## Apr 25, 2007 8:00 am Secretary of State **DOCUMENT # 654050** 04-25-2007 90182 020 \*\*\*150.00 LARRY NAUGHTON PAINTING, INC. Principal Place of Business Mailing Address 3369 MYRTLE HILL DR.,E. LAKELAND FL 33811 3369 MYRTLE HILL DR.,E. LAKELAND FL 33811 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3369 MYTHE HILL OR E Suite, Apt. #, etc. 3369 MYHE HULL DY E Suite, Apt. #/otc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Numbor Applied For 59-1968645 LAKELANd 4KeLAn Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NAUGHTON, LARRY G Street Address (P.O. Box Number is Not Acceptable) 3369 MYRTLE HILL DR LAKELAND FL City 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 title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP DHE ☐ Delete THE ☐ Change ☐ Addition NAUGHTON, LARRY G NAME 3369 MYRTLE HILL DR STREET ADDRESS STREET ADDRESS LAKELAND FL CITY - ST-7IP CITY - ST - ZIP VSD THE ☐ Delele ☐ Change Addition NAUGHTON, ANNETTE NAME NAME 3369 MYRTLE HILL DR STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-S1-ZIP CITY ST-ZIP TITLE Delete THEF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREE1 ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Delete ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP BILE ☐ Delete TOLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Sociion 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signalure shall have the same legal effect as if made under eath; 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: Annute Naughton ANNette Naughton 4-16-07 863 646 5574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Captime Priorie #

**FILED**