


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-25-2007 90166 012 \*\*\*150.00

<b>DOCUMENT # 831468</b> 1. Entity Name <b>MOBILE PAINT MANUFACTURING COMPANY OF DELAWARE, INC.</b>					
Principal Place of Business <b>HAMILTON BOULEVARD POST OFFICE BOX 717 THEODORE, AL 36590-0717</b>			Mailing Address <b>HAMILTON BOULEVARD POST OFFICE BOX 717 THEODORE, AL 36590-0717</b>		
2. Principal Place of Business - No P.O. Box # <b>4775 Ham. Hw Blvd</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Theodore, AL</b>		City & State		4. FEI Number <b>63-0143090</b>	
Zip <b>36582</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LESTER, MIKE 299 PARK STREET JACKSONVILLE, FL 32204</b>				7. Name and Address of New Registered Agent Name <b>RICK BAGGETT</b> Street Address (P.O. Box Number is Not Acceptable) <b>249 PARK STREET</b> City <b>JACKSONVILLE</b> FL Zip Code <b>32204</b>	
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 <u><i>Rick Baggett</i></u> <b>Manager</b> <span style="float: right;">4-23-07</span> <small>Signature, typed or printed name of registrant (if applicable). (NOTE: Registered agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</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	<b>D GATES, JAMES 4775 BLVD. THEODORE, AL</b> <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	<b>D WARNER, DOUGLAS 2 EAST 38TH STREET CHATTANOOGA, FL</b> <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	<b>D WILSON, JOHN R JR 4775 HAMILTON BLVD. THEODORE, AL</b> <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	<b>PD WILLIAMS, ROBERT 4775 HAMILTON BLVD. THEODORE, AL</b> <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	<b>D GILMAN, SARAH 801 LEE AVE. LOOKOUT MTN, TN</b> <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	<b>D WARNER, JR., PORTER 2 EAST 38 STREET CHATTANOOGA, TN</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 I am empowered.					
<b>SIGNATURE:</b> <u><i>John R. Wilson Jr</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	