2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2008 8:00 am
Secretary of State
02-26-2008 90011 021 ***150.00

DOCUMENT # **848185**

1. Entity Name

JAMES J. SMITH & SONS PAINTING, INC.

Principal Place of Business	Mailing Address
136 E. MADISON ST. P.O. BOX 282 GREENCASTLE PA 17225	136 E. MADISON ST. P.O. BOX 282 GREENCASTLE PA 17225

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/07)

4. FEI Number 23-1741172 — 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
MYERS, JOHN H. 1734 MAIN STREET SARASOTA FL 33578	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 title, if applicable. (NOTE: Registered Agent signature required when submitting) 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: PD NAME: SMITH, JERRY L STREET ADDRESS: PO BOX 35-N/A CITY-ST-ZIP: GREENCASTLE, PA 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: STD NAME: TOSTEN, SHARON A STREET ADDRESS: 8023 MOLLY PITCHER HWY CITY-ST-ZIP: GREENCASTLE, PA 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: EVP NAME: SMITH, JAMES G STREET ADDRESS: P.O. BOX 263 CITY-ST-ZIP: GREENCASTLE, PA 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: STD NAME: SMITH, THELMA E STREET ADDRESS: 136 E.MADISON ST. CITY-ST-ZIP: GREENCASTLE, PA 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition
TITLE: VP NAME: SMITH, RICHARD J STREET ADDRESS: 76 S WASHINGTON ST CITY-ST-ZIP: GREENCASTLE PA 17225	☐ Delete	TITLE / NAME: ☒ Change ☐ Addition STREET ADDRESS: 5863 Buchanan Drive CITY-ST-ZIP: Mercersburg, PA 17236
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition

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: Sharon A Tosten Sharon A Tosten-Sec./Treas. 2/14/08 717-597-7446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #