

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # F42067 1. Entity Name AMELIA ISLAND PAINTS, INC.			
Principal Place of Business P O BOX 1278 FERNANDO BCH, FL 32035			
Mailing Address P O BOX 1278 FERNANDO BCH, FL 32035		 01292008 No Chg-P CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE			
DO NOT WRITE IN THIS SPACE		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
PALMISANO, PAUL A 5338 GREAT OAK CT FERNANDINA BEACH, FL 32034		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PD	<div>U00000806267 02/06/08-80034-015 150.00</div> DO NOT WRITE IN THIS SPACE	
NAME	PALMISANO, PAUL A		
STREET ADDRESS	5338 GREAT OAK CT		
CITY- ST- ZIP	FERNANDINA, FL 32035		
TITLE			
NAME			
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TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
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: _____		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			