


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90384 005 ***150.00

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|---|---|
| DOCUMENT # F93000003428 |  |
| 1. Entity Name PEACOCK'S PAINT CENTER, INC. | |

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| Principal Place of Business 2134 NW 6TH ST. GAINESVILLE FL 32609 US | Mailing Address PO BOX 3085 VALDOSTA GA 31604-3085 |
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|--|---------|---------------------|---------|
| 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 (10/06)

| | | |
|---|--|--|
| 4. FEI Number 58-1566132 | | 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 | | 7. Name and Address of New Registered Agent |
| PATRICK, LYNN 2134 NW 6TH ST. GAINESVILLE FL 32609 | | 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 *Lyndee D. Patrick* DATE 4/17/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---------------------------------|--|--|
| TITLE: CP NAME: PEACOCK, THOMAS STREET ADDRESS: 888 CROSBY TOWN RD. CITY-STATE-ZIP: QUITMAN GA 31643 | <input type="checkbox"/> Delete | TITLE: P NAME: Thomas Peacock STREET ADDRESS: 5801 Lake Lorraine Circle CITY-STATE-ZIP: Lake Park, GA 31636 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: ST NAME: PATRICK, LYNN STREET ADDRESS: 7518 ZEIGLER ROAD CITY-STATE-ZIP: LAKE PARK GA 31636 | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP: | <input type="checkbox"/> Delete | TITLE: V NAME: Gene Peacock, Jr STREET ADDRESS: 4572 Studstill Road CITY-STATE-ZIP: Quitman, GA 31643 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP: | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP: | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP: | <input type="checkbox"/> Delete | TITLE: NAME: STREET ADDRESS: CITY-STATE-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 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: *Lyndee D. Patrick* DATE: 4/17/07 DAYTIME PHONE: 889-244-0763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR