## 2008 FOR PROFIT CORPORATION

## **FILED** Jan 28, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # F97780 1. Entity Name ERIC'S PAINTING & DECORATING, INC. Principal Place of Business Mailing Address % ERIC D. GEISTERT % ERIC D. GEISTERT 771 PALAMINO CIR. 771 PALAMINO CIR. NOKOMIS, FL 34275 NOKOMIS, FL 34275 No Chg-P CR2E034 (11/05) 01222008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2226528 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GEISTERT, ERIC D DO NOT WRITE 771 PALAMINO CIR. NOKOMIS, FL 34275 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, typed or printed name of registered agent and title if applicable [NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE GEISTERT, ERIC D NAME STREET ADDRESS 771 PALAMINO CIR. CITY-ST-ZIP NOKOMIS, FL U00000802035 02/01/08-80043-025 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

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 expression of the empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR