


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90040 014 \*\*\*150.00

<b>DOCUMENT # F99000003663</b> 1. Entity Name ONESOURCE PAINTING, INC.					
Principal Place of Business 1600 PARKWOOD CIRCLE SUITE 400 ATLANTA, GA 30339 US			Mailing Address 1600 PARKWOOD CIRCLE SUITE 400 ATLANTA, GA 30339 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 52-2137493	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY				Name	
1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)	
TALLAHASSEE, FL 32301-2525				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAID, PERRY 1600 PARKWOOD CIRCLE #400 ATLANTA, GA 30339	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S, VP SCOTT FRIEDMAN 1600 PARKWOOD CIRCLE #400 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCNEESE, JACK L 1600 PARKWOOD CIRCLE # 400 ATLANTA, GA 30339	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, CFO CHARLES E. MILLER JR. 1600 PARKWOOD CIRCLE #400 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOBSON, NAOMI 1600 PARKWOOD CIRCLE # 400 ATLANTA, GA 30339	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JONES, CHERYL C 1600 PARKWOOD CIRCLE # 400 ATLANTA, GA 30339	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV BINDEMAN, MICHAEL S 1600 PARKWOOD CIRCLE # 400 ATLANTA, GA 30339	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOORE, WILLIAM E 1600 PARKWOOD CIR #400 ATLANTA, GA 30339	<input type="checkbox"/> Delete		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: <u>William Moore</u> <u>03/14/07</u> <u>770-436-9900</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					