## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # G72557**

1. Entity Name

PAINTER AND COMPANY CONSULTANTS UNLIMITED



FILED Jan 12, 2007 08:00 AM Secretary of State

Principal Place of Business

2120 GOLDEN OAK LANE VALRICO, FL 33594 US Mailing Address

P.O. BOX 1679 VALRICO, FL 33594

US



DO NOT WRITE IN THIS SPACE

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2625778

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PAINTER, MICHAEL 2120 GOLDEN OAK LANE VALRICO, FL 33594

## DO NOT WRITE IN THIS SPACE

<ol><li>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.</li></ol>					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rematating)  DATE					
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Camp Trust Fund Co				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAINTER, MIKE 2120 GOLDEN OAK LANE VALRICO, FL 33594				HOOOOFFOAROA
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000584734 01/12/07-80049-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TIFLE 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:** 

SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

1-10-0

813-653-3168

Date

Daytime Phone 8