## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # G92819**

1. Entity Name

ISLAND PAINTING & DECORATING, INC.



FILED Feb 11, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

991 OYSTER SHELL LN VERO BEACH, FL 32963

211

P.O. BOX 1267

VERO BEACH, FL 32961-1267 US



DO NOT WRITE IN THIS SPACE

02042008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2385242

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHORNER, JAMES A. 505 BEACHLAND BLVD. VERO BACH, FL 32963

SIGNATURE:

## 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algnature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CHY-ST-ZIP	P WHITFIELD, PAUL C. 991 OYSTER SHELL LN VERO BEACH, FL 32963				U00000824606 02/20/08-80085-009 158.75
TITLE NAME STREET ADDRESS CITY-SI-ZIP	S WHITFIELD, STACEY L. 991 OYSTER SHELL LN VERO BEACH, FL 32963				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
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.					