## 2007 FOR PROFIT CORPORATION -**FILED** ANNUAL REPORT Apr 06, 2007 08:00 All Secretary of State **DOCUMENT # H55034** MIKE SKINNER PAINTING, INC. Principal Place of Business Mailing Address 8608 LITTLE RD 8415 CESSNA DRIVE **NEW PORT RICHEY, FL 34654 NEW PORT RICHEY, FL 34654** 04032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2525716 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SKINNER, DANIEL MICHAEL DO NOT WRITE 8415 CESSNA DRIVE NEW PORT RICHEY, FL 34654 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.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Trust Fund Contribution.	
10.	OFFICERS AND DIRECTORS		

Signature, typed or printed name of registered agent and title if applicable.

\$5.00 May Be Added to Fees

(NOTE: Registered Agent signature required when reinstating)

TITLE SKINNER, DANIEL MICHAEL NAME 8415 CESSNA DRIVE STREET ADDRESS CITY-ST-7IP NEW PORT RICHEY, FL DVTS TITLE SKINNER, DORCAS J NAME STREET ADDRESS 8415 CESSNA DR NEW PORT RICHEY, FL 34654 CITY-ST-ZIP TITLE NAME STREET ADDRESS

U00000692687 04/16/07-80010-002 150.00

DATE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

DO NOT WRITE IN THIS SPACE

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:

CITY-ST-ZIP

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