


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # H82031 1. Entity Name AMORE PAINTING COMPANY	
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Principal Place of Business 2635 BROOK FOREST WAY JAY, FL 32565 US	Mailing Address 2635 BROOK FOREST WAY JAY, FL 32565 US
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DO NOT WRITE IN THIS SPACE



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2601043	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AMOND & ORAM, P.A.
314 S. BAYLEN ST
STE 116
PENSACOLA, FL 32502**

**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 signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMORE, FRANK 2635 BROOK FOREST WAY JAY, FL 32565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AMORE, BRIDGET M 2635 BROOK FOREST WAY JAY, FL 32565
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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: *Frank Amore Pres* **1-22-08** **850 994 5642**
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER, DIRECTOR OR TRUSTEE Date Daytime Phone #
FRANK AMORE PRES.