

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # H97866

1. Entity Name
CENTRAL FLORIDA PAINTS, INC.



Principal Place of Business
214 WEST SILVER SPRINGS BOULEVARD
OCALA, FL 34475 US

Mailing Address
214 WEST SILVER SPRINGS BOULEVARD
OCALA, FL 34475 US



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2638007

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KERNAN, WILLIAM H
214 WEST SILVER SPRINGS BLVD.
OCALA, FL 34475

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000608190
01/31/07-80066-022 150.00

10. OFFICERS AND DIRECTORS.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KERNAN, JOYCE C
214 W SILVER SPGS BLVD
OCALA, FL 34475

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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: William H Kernan WILLIAM H KERNAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-07 352-732-2135

Date Daytime Phone #