


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # J50518**  
 1. Entity Name  
**SOUTHEAST PAINTING AND DECORATING, INC.**



Principal Place of Business      Mailing Address  
 % DANIEL J. STANNEY  
 5180 49TH AVE., NORTH  
 ST. PETERSBURG FL 33709      % DANIEL J. STANNEY  
 5180 49TH AVE., NORTH  
 ST. PETERSBURG FL 33709



1st MOORE      CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number **59-2780985**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 Zip      Country      Zip      Country

**6. Name and Address of Current Registered Agent**  
 STANNEY, DANIEL J.  
 5180 49TH AVE., NORTH  
 ST. PETERSBURG FL 33709

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	ST	<input type="checkbox"/> Delete
NAME	STANNEY, HELEN	
STREET ADDRESS	5180 49 AVE., NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	STANNEY, DANIEL J.	
STREET ADDRESS	5180 49 AVE., NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
TITLE	V	<input type="checkbox"/> Delete
NAME	DUNNING, KEVIN	
STREET ADDRESS	5180 49TH AV N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000844175  
 03/12/08-20025-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerers.

SIGNATURE *Dan Stanney*      **DANIEL STANNEY**      2/27/08  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day, Month, Year