


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90018 016 \*\*\*150.00

<b>DOCUMENT # J50748</b> 1. Entity Name RUSSELL MAY PAINTING, INC.	
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Principal Place of Business % DEE D. REITER <i>233 East Bay St.</i> <del>725 BLACKSTONE BLDG.</del> <i>Suite 725</i> JACKSONVILLE, FL 32202	Mailing Address % DEE D. REITER <i>233 East Bay St.</i> <del>725 BLACKSTONE BLDG.</del> <i>Suite 725</i> JACKSONVILLE, FL 32202
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01192008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2748351	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

REITER, DEE D.  
~~725 BLACKSTONE BLDG.~~ *233 East Bay St.*  
JACKSONVILLE, FL 32202 *Suite 725*

**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. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST MAY, RUSSELL 31 SAN PABLO CIRCLE SO. JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MAY, J. RUSSELL III 31 SAN PABLO CIRCLE SOUTH JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* Pres. 4-10-08 904 5689669