


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90051 034 ***150.00

DOCUMENT # K18296 1. Entity Name COLOR CRAFTERS PAINTING, INC.					
Principal Place of Business 624 E. THIRD AVE. NEW SMYRNA BEACH, FL 32169			Mailing Address 624 E THIRD AVE NEW SMYRNA BEACH, FL 32169		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2883735	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ALL FLORIDA FIRM, INC 813 DELTONA BLVD STE A DELTONA, FL 32725			7. Name and Address of New Registered Agent Name Robert B. Snow Street Address (P.O. Box Number is Not Acceptable) 1223 Beacon St. City New Smyrna Bch FL Zip Code 32169		
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 Robert B. Snow <i>[Signature]</i> DATE 1-11-2008 <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering. DATE</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNOW, ROBERT B. 1223 BEACON ST NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SNOW, MAUREEN M. 1223 BEACON ST. NEW SMYRNA BEACH, FL 32169	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: Maureen M Snow <i>[Signature]</i> Maureen M Snow ST <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1-11-08		Daytime Phone # 386 427-0755