

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (A3)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-09-2007 90347 042 ****50.00

DOCUMENT # L06000030426	
1. Entity Name OJIBWAY PAINTER LTD.CO.	

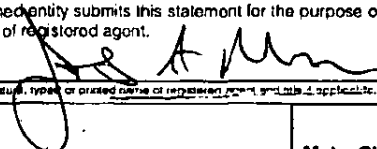
Principal Place of Business 12851 NE 49 TH STREET WILLISTON FL 32696 US	Mailing Address 12851 NE 49 TH STREET WILLISTON FL 32696 US
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2. Principal Place of Business, No P.O. Box # 21507 Bancroft Ave Suite, Apt. #, etc.	3. Mailing Address 21507 Bancroft Ave Suite, Apt. #, etc.
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City, State, Zip Port Charlotte 33954 US	City, State, Zip Port Charlotte 33954 FL
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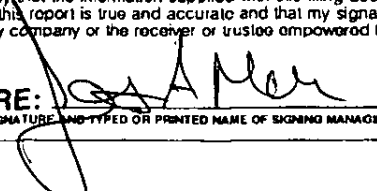
4. FEI Number 20-4538475	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MALINA, JASON A 12851 NE 49 TH STREET WILLISTON FL 32696	7. Name and Address of New Registered Agent Name: JASON A MALINA Street Address (P.O. Box Number is Not Acceptable): 21507 Bancroft Ave City: Port Charlotte FL Zip Code: 33954
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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 	DATE 4.26.07

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007	
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	JASON A MALINA 21507 Bancroft Ave Port Charlotte, FL 33954 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: 	DATE 4.26.07 Daytime Phone # 941-268-3384