2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

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

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1st MOORE CR2E083 (10/06)

DOCUMENT # L06000030426

1. Entity Name

OJIBWAY PAINTER LTD.CO.

Principal Place of Business	Mailing Address
12851 NE 49 TH STREET WILLISTON FL 32696 US	12851 NE 49 TH STREET WILLISTON FL 32696 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
21507 Bancroft Ave	21507 Bancroft AVE
Suite, Apt. #, etc:	Suite, Apt. #, etc:
City & State: PortCharlotte	City & State: FL
Zip: 33954 Country: US	Zip: 33954 Country: Charlotte

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

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] 4-26-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		Delete	10. ADDITIONS/CHANGES		Change	Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JASON A MALINA 21507 Bancroft Ave PortCHarlotte, FL 33954	☐	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	☐
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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: [signature] 4-26-07 941-268-3384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #