2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 02, 2007 8:00 am Secretary of State DOCUMENT # L68910 1. Entity Name 04-02-2007 90051 014 \*\*\*150.00 JERRY BALDWIN PAINTING, INC. Principal Place of Business Mailing Address 2135 MITCHELL LANE 2135 MITCHELL LANE DAYTONA BEACH FL 32128 DAYTONA BEACH FL 32128 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2135 TOLA BEACH 1st MOORE CR2E034 (10/06) 4. FEI Number Applied For 59-3070018 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent BALDWIN, JERRY A. Street Address (P.O. Box Number is Not Acceptable) 2135 MITCHELL LANE DAYTONA BEACH FL 32124 City 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 (NOTL Registered Agent signature required when remistrating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HTLE Delete DILL ☐ Change ☐ Addition BALDWIN, JERRY A. NAME NAMI 2135 MITCHELL LANE STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL City-SI-ZIP CITY ST ZIP HILLE INTE ☐ Delete Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-7IP DILE TITLE - virange Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST 7IP CHY SE 7IP THTLE Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY ST ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY ST ZIP mu Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 eath; 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.

TITLE

NAMI

STREET ADDRESS

CITY ST 7tP

SIGNATURE:

NAME

STREET ADDRESS

CITY ST-ZIP

☐ Change

Addition

**FILED**