


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M85198</b> 1. Entity Name AAA ULTIMATE PAINTING, INC.	
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Principal Place of Business 3331 MEADOWRIDGE DR MELBOURNE, FL 32901 US	Mailing Address 3331 MEADOWRIDGE DR MELBOURNE, FL 32901 US
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03052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2925743	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

WATERS, SCOTT  
3331 MEADOWRIDGE DR  
MELBOURNE, FL 32901

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

**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	PT
NAME	WATERS, SCOTT
STREET ADDRESS	3331 MEADOWRIDGE DR
CITY- ST- ZIP	MELBOURNE, FL 32901

TITLE	VS
NAME	WATERS, TERESA L
STREET ADDRESS	3331 MEADOWRIDGE DR
CITY- ST- ZIP	MELBOURNE, FL 32901

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

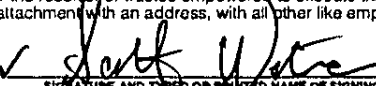
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

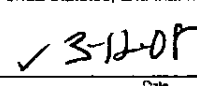
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/01/08-80018-023-150.00

**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  
**SCOTT A. WATERS, PRESIDENT**

 **3-12-08 (321) 729-6108**  
Date Daytime Phone #