2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 16, 2008 8:00 am
Secretary of State
05-21-2008 90021 007 ****61.25

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DOCUMENT # N47507

1. Entity Name

PAINT YOUR HEART OUT SAFETY HARBOR, INC.

66014187

Principal Place of Business	Mailing Address
P. O. BOX 1131 SAFETY HARBOR FL 34695 US	PO BOX 1131 SAFETY HARBOR FL 34695 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3110096 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
O'NEILLM JAMES 1436 OAK HAVEN DRIVE SAFETY HARBOR FL 34695	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P O'NEIL, JAMES 1436 OAK HAVEN DR SAFETY HARBOR FL 34695	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JJM ISING 132 - TRAVIS SAFETY HARBOR, FL 34695	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REMZ, HAL 413 S. BAYSHORE DR #5 SAFETY HARBOR FL 34677	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BACHTELER, CHARLES 5035 EDGEWATER LANE OLDSMAR FL 34677	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICKSON, NADINE 280 THEKER ST SAFETY HARBOR FL 34695	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRAGHARDT, LYNN 1680 ENSLEY AVE PALM HARBOR FL 34685	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURGHARDT, LYNN 1680 ENSLEY AVE. SAFETY HARBOR, FL 34695	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURGESS, REVEREND GLENN 701 BOOTH STREET SAFETY HARBOR FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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 617, 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: Charles J Bachteler 6-10-08 727-789-0911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #