


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

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90016 040 ****61.25

DOCUMENT # N99000003814

1. Entity Name
STREET PAINTING FESTIVAL, INC.



Principal Place of Business Mailing Address

**709 LUCERNE AVE-
LAKE WORTH FL 33460** **709 LUCERNE AVE
LAKE WORTH FL 33460**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

501 Lake Ave **P.O. Box 1393**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Lake Worth FL **Lake Worth FL**

Zip Country Zip Country

33460 **USA** **33460** **USA**

4. FEI Number Applied For

65-0930848 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEBBER, MARYANNE
709 LUCERNE AVE
LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name **Maryanne Webber**

Street Address (P.O. Box Number is Not Acceptable)

711 Lucerne Avenue

City **Lake Worth** FL Zip Code **33460**

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 *Maryanne Webber* DATE **3/28/08**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent Signature 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WEBBER, MARYANNE	
STREET ADDRESS	327 N LAKESIDE DR	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAMICCIO, THOMAS	
STREET ADDRESS	1717 N L ST	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WEBBER, BRUCE R	
STREET ADDRESS	327 N LAKESIDE DR	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALLEN, ERIN E	
STREET ADDRESS	208 S LAKESIDE DR # 513	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Maryanne Webber* DATE **3/20/08** COUNTY/BOARD # **561 585 000 3**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date County/Board #



1st MOORE CR2E037 (10/07)