2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007
Secretary of State

DOCUMENT# P00000010562

Entity Name: FLYNN PAINTING, INCORPORATED

Current Principal Place of Business:

305 ADA WILSON AVE
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

305 ADA WILSON AVE
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 59-3624818 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLYNN, DAVID
305 ADA WILSON AVE
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FLYNN, DAVID
Address: 305 ADA WILSON AVE
City-St-Zip: PENSACOLA, FL 32507

Title: V ( ) Delete
Name: FLYNN, TONYA
Address: 305 ADA WILSON AVE
City-St-Zip: PENSACOLA, FL 32507

Title: S ( ) Delete
Name: MARTIN, BENJAMIN
Address: 5800 LILIAN HWY.
City-St-Zip: PENSACOLA, FL 32506

Title: T ( ) Delete
Name: DOSS, JOHN
Address: 319 ADA WILSON AVE.
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID FLYNN PRES 07/05/2007

Electronic Signature of Signing Officer or Director Date