

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000015364



1. Entity Name

MYERS PAINTING, INC.

Principal Place of Business

11136 SAVAGE COURT
HOWEY-IN-THE-HILLS FL 34737

Mailing Address

11136 SAVAGE COURT
HOWEY-IN-THE-HILLS FL 34737



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3630555**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

MYERS, LORRAINE
11136 SAVAGE COURT
HOWEY-IN-THE-HILLS FL 34737

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
MYERS, DAVID A
11136 SAVAGE COURT
HOWEY-IN-THE-HILLS FL 34737 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
MYERS, GARY
11136 SAVAGE COURT
HOWEY IN THE HILLS FL 34737 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V
MYERS, DANIEL
11136 SAVAGE COURT
HOWEY IN THE HILLS FL 34737 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

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CITY-STATE-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
U000000595057 ☐ Change ☐ Addition
01/23/07-80022-025 150.00

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

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☐ 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 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: *DAVID A. MYERS* *David A. Myers* 01-18-07 (352) 406-2178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #