

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 19, 2007 08:00 AM  
Secretary of State

DOCUMENT # P00000031859

1. Entity Name

KEVIN OGDEN CUSTOM PAINTING, INC.



Principal Place of Business  
1301 BAYSHORE DRIVE  
TERRA CEIA FL 34250

Mailing Address  
P.O. BOX 147  
TERRA CEIA FL 94250



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 65-1004234

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

OGDEN, KEVIN  
1301 BAYSHORE DRIVE  
TERRA CEIA FL 34250

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 reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME OGDEN, KEVIN  
STREET ADDRESS 1301 BAYSHORE DRIVE  
CITY-ST-ZIP TERRA CEIA FL 34250

☐ Change ☐ Addition  
U000000641373  
02/28/07-80104-009 150.00

TITLE D ☐ Delete  
NAME OGDEN, CATHY L  
STREET ADDRESS 1301 BAYSHORE DRIVE  
CITY-ST-ZIP TERRA CEIA FL 34250

☐ Change ☐ Addition

TITLE D ☐ Delete  
NAME OGDEN, FIAHA SARAH  
STREET ADDRESS 1019 NORMANDY TRACE BLVD  
CITY-ST-ZIP TAMPA FL 33647

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
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 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:

Kevin Ogdan

KEVIN OGDEN, President 2/15/07 944 7220400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #