2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 20, 2008 8:00 am Secretary of State

DOCUMENT # P00000057899 1. Entity Name PHILLIPS PAINTING INC.						06-20-2008 \$	90001 01	/ ***150.	00
Principal Place of Business Mailing Address				<u>. </u>	- 4010	8734			
1		-	•		• .				
2902 SUNR		2902 SUNRISE RD							
LADY LAKE,	rt 32109	LADY LAKE, FL 32159	9						
		- 							
2. Principal 1	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			06172008	Chg-P	CR2E	034 (12/06)	•
City & State		City & State			4. FEI Numi			⊱	pplied For tot Applicable
Zip Country		Zip Cou		try	59-3651733		\$8.75 Ad		
						e of Status Desired		Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
PHILLIPS, GREENVILLE				Name					
2902 SUNRISE RD				Street Address (P.O. Box Number is Not Acceptable)					
LADY LAK							· · · · · · · · · · · · · · · · · · ·		
								7:.0:	
				City	FL Zip Code				
	e named entity submits this statement fitions of registered agent.	or the purpose of changing its	registere	ed office or re	gistered agent, or bo	oth, in the State of	Florida. I am	familiar with	, and accept
SIGNATURE.	Signature, typed or printed name of registered agent	t and title if applicable, (NOT	E: Registered	Agent signature re	equired when reinstating)		DATE	<u> </u>	
	LE NOWIII FEE IS \$150.00	9. Election Campa	ion Finan	cina	\$5.00 May Be	In accordance	with a 600	7 193(2)/b)	FS the
Due by September 12, 2008 Trust Fund Contribution.				* 	Added to Fees	corporation di	d not receiv	e the prior	notice.
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO O	FFICERS ANI	DORECTOR	S IN 11
TITLE	PD Delete		TITLE		-			Change	☐ Addition
NAME	PHILLIPS, GREENVILLE			li li					
STREET ADDRESS	I · · · · · · · · · I			T ADDRESS					
CITY-ST-ZIP	LADY LAKE, FL 32159			ST-ZiP	ZIP				
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CITY-ST-ZIP			CITY-S						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME		- Velicie	NAME						
STREET ADDRESS			STREET	ADDRESS					
CITY-ST-ZIP			CITY-S	ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR