## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 10, 2008 8:00 am Secretary of State DOCUMENT # P00000063828 1. Entity Name 04-10-2008 90022 044 \*\*\*150.00 JERRY AUSTIN PAINTING CONTRACTOR, INC. Principal Place of Business Mailing Address 6621 W. GULF TO LAKE HWY UNIT #3 PO BOX 557 CRYSTAL RIVER FL 34429 HOMOSASSA FL 34487-0557 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6760 N. Lecanto Hwy. 6621 W. GULFTOLGKW HU Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (10/07) 1st MOORE 6621 Unit City & State Applied For Berenty Aills. Fl. 59-3656357 Not Applicable Crystal River \$8.75 Additional 5. Certificate of Status Desired 34429 Fee Required AMERICO-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **AUSTIN, JERRY** Street Address (P.O. Box Number is Not Acceptable) 6621 W. GULF TO LAKE HWY UNIT #3 **CRYSTAL RIVER FL 34429** Zio Gode 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 3-28-08 SCOTE Registered Agent signature required when reinstatings FILE NOW!!!- FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OWIVER TITLE Delete TITLE Addition Jerry Austin MAME AUSTIN, JERRY NAME 6760 N. Lecanto Hwy Lot 38 PO BOX 557 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Beverly HILLS FL. 34465 HOMOSASSA FL 34487-0557 CITY-ST-ZIP Defele TITLE ☐ Change □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change MAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP ☐ Dé ete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP ☐ Change Addition TITLE De ete TITLE HAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-S1-ZIP TITLE Delete TITLE ☐ Charige Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OffY-ST-ZIP 12. Thereby 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 eath; that I am an efficer 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 attackment with an address, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**