


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90034 040 ***150.00

DOCUMENT # P0000065150

1. Entity Name
MD CUSTOM PAINTING SERVICES, INC.



Principal Place of Business Mailing Address
4111 CHRISTA CT. **4111 CHRISTA CT.**
WINTER PARK FL 32792 **WINTER PARK FL 32792**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
476 wild fox DR. **476 wildfox DR.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State
Casselberry FL. **Casselberry FL**
 Zip Country Zip Country
32707 **Seminole** **32707** **Seminole**

4. FEI Number Applied For
59-3666068 Not Applicable

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

6. Name and Address of Current Registered Agent
TOLLA, MARK J
4111 CHRISTA CT.
WINTER PARK FL 32792

7. Name and Address of New Registered Agent
 Name: **Mark J. TOLLA**
 Street Address (P.O. Box Number is Not Acceptable): **476 wild fox DR.**
 City: **Casselberry** **FL** Zip Code: **32707**

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: *Mark J. Tolla* DATE: **2-5-08**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PD	<input type="checkbox"/> Delete
NAME	TOLLA, MARK J	
STREET ADDRESS	4111 CHRISTA COURT	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TOLLA, DAVID A	
STREET ADDRESS	1920 BROOKS LANE	
CITY-ST-ZIP	OVIEDO FL 32760	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	mark J. TOLLA	
STREET ADDRESS	476 wild fox DR.	
CITY-ST-ZIP	Casselberry FL 32707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Mark J. Tolla* **Mark J. TOLLA** **2-5-08** **321-228-3840**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #