

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000093040**

1. Entity Name  
**DUFFIN PAINTING INC.**



Principal Place of Business  
**7188 LANDMARK DR  
SPRING HILL, FL 34606**

Mailing Address  
**7188 LANDMARK DR  
SPRING HILL, FL 34606**



03072007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3678417**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DUFFIN, WILLIAM C III  
7188 LANDMARK DR  
SPRING HILL, FL 34606**

**DO NOT WRITE  
IN THIS SPACE**

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 restate)

110000067724156

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

03/30/07-80100-021 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUFFIN, WILLIAM III 7188 LANDMARK DR SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DUFFIN, PAMELA 7188 LANDMARK DR SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUFFIN, WILLIAM IV 5415 ASHLAND DR. SPRINGHILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *William C Duffin III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-23-07**

Date

**352-683-1020**

Daytime Phone #