

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90030 044 ***150.00

DOCUMENT # P01000022828

1. Entity Name

GAYLE MILLER PAINTING, INC.



Principal Place of Business

855 17TH AVENUE
VERO BEACH FL 32960

Mailing Address

855 17TH AVENUE
VERO BEACH FL 32960



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-3701999

Applied For

Not Applicable

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

MARASCO, REGINA U
1735 17TH LANE SE
VERO BEACH FL 32962

Name

SHIRLEY G. KERRIGAN

Street Address (P.O. Box Number is Not Acceptable)

42 JAN LOUIS OBISPO

City

FORT PIERCE

FL

Zip Code 34951

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

Shirley G. Kerrigan

(NOTE: Registered Agent signature required when re-registering)

April 20, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME MILLER, GAYLE K
STREET ADDRESS 855 17TH AVENUE
CITY-ST-ZIP VERO BEACH FL 32960

TITLE ☒ Change ☐ Addition
NAME GAYLE L. FRIESON
STREET ADDRESS 855 17TH AVENUE (MARRIED NAME)
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Gayle L. Frieson Gayle L. Frieson 4/20/08 772569-0426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #