2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 15, 2008 8:00 am Secretary of State

	7.1111.071								
DOCUMENT # P01000029012 1. Entity Name ETCHART PAINTING, INC.						02-15-2008	90002 0	23 ***15	0.00
Principal Place	e of Business LERO CT.	Mailing Address 1008 CABALLERO CT.	L		400	255U ⁴			
OCOEE, FL :	34761	OCOEE, FL 34761		:		A Markii (2011 2011) Adiil Adiil Adi)) 22 ((2)(4)5 (5		III II 1891
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01212008	Chg-P	CR2E0	34 (12/06)	
City & State		City & State			4. FEI Number Applied For 59-3713165 Not Applied be a special between the special betw				
Zip Country		Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required			ditional	
	6. Name and Address of Curren	t Registered Agent	7. Name and Address of New				egistered 4	kaent	_
				Name .					
	', CARL J JR ALLERO CT. FL 34761		Street A	Address (P.O. Box Numb	er is Not Acceptable	9)		
		City						Zip Cod	
8. The above named entity submits this statement for the purpose of changing its registers.						· · · · · · · · · · · · · · · · · · ·	FL	'	
the obligat	tions of registered agent.	or trie purpose of changing its i	registered office d	or register	ed agent, or bo	ith, in the State of Fig	orida. Lam i	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registered Agent signa	ture required	when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campaig Trust Fund Contr			.00 May Be ed to Fees				
10.	OFFICERS ANI	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	PD	☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	ETCHART, CARL J 1008 CABALLERO CT.		NAME						
CITY-ST-ZIP	OCOEE, FL 34761		STREET ADDRESS CITY-ST-ZIP						
TITLE	VD	□ Delete	TITLE	 	······································			☐ Change	Addition
NAME	ETCHART, KAREN M		NAME						
STREET ADDRESS	1008 CABALLERO CT.		STREET ADDRESS						
	OCOEE, FL 34761		CITY-ST-ZIP			_			
NAME		☐ Delete	TITLE NAME					☐ Change	Addition -
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						_
TITLE		☐ Defete	TITLE					Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS						ŀ
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME					_ •	_
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		Delete	TITLE	+				Channer .	☐ Addition
1		LI Delete	THE	1				Change	☐ Addition

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

2-12-08 Date 32/ -299-67/8