2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2007 8:00 am Secretary of State

	ANNOAL	. KEFOKI				SCCIC	tary or	L	iaic
DOCUMENT # P01000083148 1. Entity Name FLORIDA PERFECTIONIST PAINTING CO. INC.							07 90020 016		
Principal Place of Business 3711 TROUT RIVER BLVD JACKSONVILLE, FL 32208		Mailing Address 3711 TROUT RIVER BLVD JACKSONVILLE, FL 32208			40012535				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01292007	Chg-P CR2E034 (12/06)				
City & State		City & State			4. FEI Number Applied For 59-3739910 Not Applicable				
Zip	Country	Zip	Country		5. Certificate of	f Status Desired		5 Addi	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New	Registered Agent		
GLASS, CARTER				Address (P.O. Box Number	is Not Assessable	la)		
	UT RIVER BLVD VILLE, FL, 32208		Street		O. Box Number	IS NOT Acceptad			
			City				FL Zi	p Code)
	named entity submits this statement for	or the purpose of changing its	registered office of	r register	ed agent, or both	, in the State of F	lorida. I am familia	r with, a	and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and till il sortication (NOTE	: Registered Agent signs	tura radi ikad	when reinetation)		1-31-0	7	
E31 1	E NOW!!! FEE IS \$150.00	9. Election Campaig			00 May Be				-
After Ma	ay 1, 2007 Fee will be \$550.	OO Trust Fund Contr	íbution. \square		ed to Fees				
10.	OFFICERS AND		11.	- -	ADDITIONS/C	HANGES TO OF	FICERS AND DIRE		
NAME STREET ADDRESS CITY-ST-ZIP	PD 'S GLASS, CARTER 3711 TROUT RIVER BLVD JACKSONVILLE, FL 32208	☐ Delete	TITLE NAME STREET ADDRESS City-St-Zip				□ c	hange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARKER, TALBOT A 3711 TROUT RIVER BLVD JACKSONVILLE, FL 32208	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>u, u</u>		□ c	hange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SACIOCITYILLE, I E 3220	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ c	hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ c	hange	☐ Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ c	hange	Addition

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 appear of the corporation 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 appear of the corporation of the corporation of the receiver of 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 appear of the corporation of the co

SIGNATURE:

T. A . PARKER V.P.

1.31.07

904-387-5959

Date