


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000112067		
1. Entity Name COLOR CONCEPTS PAINTING, INC.		
Principal Place of Business 1718 SW 10TH AVE CAPE CORAL, FL 33991	Mailing Address 1718 SW 10TH AVE CAPE CORAL, FL 33991	



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1157655	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent

GIFT, GEORGE W JR
1718 SW 10TH AVE
CAPE CORAL, FL 33991

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIFT, GEORGE W JR 1718 SW 10TH AVE CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIFT, LAUREN E 1718 SW 10TH AVE CAPE CORAL, FL 33991
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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:  **George W. Gift, Jr.** 1/17/2008 239-770-0920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #