


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000117405 1. Entity Name MICHAEL GLOOR PAINTING INC	
---	---

Principal Place of Business 5843 ORANGE BLOSSOM TRAIL HOBE SOUND FL 33455	Mailing Address 5843 ORANGE BLOSSOM TRAIL HOBE SOUND FL 33455
---	---



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 (10/06)

6. Name and Address of Current Registered Agent GLOOR, MICHAEL 5843 ORANGE BLOSSOM TRAIL HOBE SOUND FL 33455	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City FL Zip Code _____
---	---

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, 2007 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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	GLOOR, MICHAEL			NAME			
STREET ADDRESS	5843 ORANGE BLOSSOM TRAIL			STREET ADDRESS			U00000608109
CITY- ST- ZIP	HOBE SOUND FL 33455			CITY- ST- ZIP			01/31/07-80065-001 150.00
TITLE	ST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	GLOOR, CHERYLE A			NAME			
STREET ADDRESS	5843 ORANGE BLOSSOM TRAIL			STREET ADDRESS			
CITY- ST- ZIP	HOBE SOUND FL 33455			CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				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: *Michael Gloor* **MICHAEL GLOOR** 1/22/07 772-220-236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR