2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P02000023614 03-07-2008 90040 005 ***150.00 CUSTOM PAINTING "BY GEORGE!" INC. Principal Place of Business Mailing Address 4650 APPALACHIAN ST 4650 APPALACHIAN ST BOCA RATON, FL 33428 BOCA RATON, FL 33428 01032008 No Cing-P CR2E034 (11/05). DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 27-0005098 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required... 6. Name and Address of Current Registered Agent NEUN, GEORGE DO NOT WRITE 4650 APPALACHIAN STREET BOCA RATON, FL 33428 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10.1, OFFICERS AND DIRECTORS TITLE **PRES** NAME **NEUN, GEORGE** 4650 APPALACHIAN STREET STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33428 TITLE STREET ADDRESS CITY-ST-ZIP MATRE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CiTY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 end 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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME .
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FILED

Mar 07, 2008 8:00 am