

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000024846

1. Entity Name

SPECIALTY PAINTING, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN -9 PM 4:38

Principal Place of Business

1302 LACONIA STREET
SEBASTIAN FL 32958

Mailing Address

1302 LACONIA STREET
SEBASTIAN FL 32958

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

4. FEI Number

02-0558808

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAHUNIK, EDWARD C
1302 LACONIA STREET
SEBASTIAN FL 32958

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

Edward C. Mahunik

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 NAME ☐ Delete
D MAHUNIK, EDWARD
STREET ADDRESS 1302 LACONIA STREET
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 700156953757
CITY-ST-ZIP 06/09/09--01040--017 **150.00

TITLE NAME ☐ Delete
D BRAZILL-MAHUNIK, BARBARA J
STREET ADDRESS 1302 LACONIA STREET
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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: *Edward C. Mahunik*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 9, 2009

Date

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