


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000028806**

1. Entity Name  
 SARASOTA PREMIER PAINTING, INC.



Principal Place of Business  
 7045 SOUTH TAMIAMI TRAIL  
 SARAOTA, FL 34231

Mailing Address  
 7045 SOUTH TAMIAMI TRAIL  
 SARAOTA, FL 34231

**DO NOT WRITE IN THIS SPACE**



01122008 No Chg-P CR2E034 (11/05)

4. FEI Number  
 03-0412620 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DOOLEY, WILLIAM A  
 1432 FIRST STREET  
 SARAOTA, FL 34236

**DO NOT WRITE 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 \_\_\_\_\_ (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

U000000893152  
 04/23/08-80093-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PERRONE, RICHARD A
STREET ADDRESS	7045 SOUTH TAMIAMI TRAIL
CITY-ST-ZIP	SARAOTA, FL 34231
TITLE	D
NAME	CIGICH, RICHARD J
STREET ADDRESS	7045 SOUTH TAMIAMI TRAIL
CITY-ST-ZIP	SARAOTA, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** Richard J. Cigich Richard J. Cigich 4/8/08 941-915-2153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #