200[illegible]OR PROFIT CORPORATI[illegible]
ANNUAL REPORT

[illegible]LED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000032265

1. Entity Name
RENFRO PAINTING, INC.

Principal Place of Business	Mailing Address .
701 LOBSTER LANE KEY LARGO, FL 33037	P.O.BOX 1141 TAVERNIER, FL 33070

DO NOT WRITE IN THIS SPACE

01092008 [illegible] [illegible]

4. FEI Number
37-1427444
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HURCHALLA, JAMES J ESQ.
600 S. ANDREWS AVENUE
302
TAVERNIER, FL 33070

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 _____

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

U00000808182
02/07408-80039-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	RENFRO, DENNIS
STREET ADDRESS	P.O. BOX 1141
CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #