## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P02000045867 1. Entity Name PALM BEACH PROFESSIONAL PAINTERS, INC.

Principal Place of Business

**SIGNATURE:** 

3150 EGREMONT DRIVE WEST PALM BEACH, FL 33406 Mailing Address

3150 EGREMONT DRIVE WEST PALM BEACH, FL 33406 2007 SEP 17 PH 4: 08

SECRETARY OF STATE TALLAHASSEE.FLORIDA



DO NOT WRITE IN: THIS SPACE  4. FEI Number 103-0434704  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  BARKER, JAMES H 3150 EGREMONT DRIVE WEST PALM BEACH, FL 33406  B. 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, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with and accept the obligations of registered agent, or both in the State of Florida. I am familiar with and accept the obligations of registered agent, or both									
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12. I hereby certify that the information supplied with this filling 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 tike, empowered.	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP								