SIGNATURE:

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 05, 2008 08:00 Al Secretary of State **DOCUMENT # P02000056230** TONY NELLIGAN PAINTING INC. Principal Place of Business Mailing Address 11399 87TH AVE 11399 87TH AVE SEMINOLE, FL 33772 SEMINOLE, FL 33772 No Chg-P CR2E034 (11/05) 03012008 Applied For 4. FEI Number 03-0444493 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE **NELLIGAN, TONY** 1139 87TH AVE IN THIS SPACE SEMINOLE, FL 33772 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when constating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE **NELLIGAN, TONY** NAME 11399 87TH AVE STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33772 NAME STREET ADDRESS CITY-ST-ZIP TITLE DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 like empowered.

**FILED** 

Mar. 2018