


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000062187	
1. Entity Name GARY MEADE'S CUSTOM PAINTING, INC.	

Principal Place of Business 1918 ANTIGUA ROAD WEST PALM BEACH, FL 33406	Mailing Address 1918 ANTIGUA ROAD WEST PALM BEACH, FL 33406
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DO NOT WRITE IN THIS SPACE



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0054799	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MEADE, GARY
1918 ANTIGUA ROAD
WEST PALM BEACH, FL 33406

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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 _____ Signature, typed or printed name of registered agent and title if applicable. (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000939785 05/28/08-80041-011 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MEADE, GARY 1918 ANTIGUA ROAD WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MEADE, TANYA 1918 ANTIGUA ROAD WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: Tanya Meade **4/30/08** **(561) 824-1190**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #