2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068219

Entity Name: ROSE AND BARRETT PAINT CONTRACTOR, INC.

FILED Apr 20, 2007 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
5923 NORWOOD AVE JACKSONVILLE, FL 32208				5923 NORWOOD AVENUE JACKSONVILLE, FL 32208			
Current Mailing Address:				New Mailing Address:			
5923 NORWOOD AVE JACKSONVILLE, FL 32208				5923 NORWOOD AVENUE JACKSONVILLE, FL 32208			
FEI Number:	41-2046451	FEI Number Applied For ()	FEI Numbe	er Not Applic	cable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Na	ame and <i>i</i>	Address of	F New Registered Agent:	
ANSLEY, REGINALD F JR 6955 MISS MUFFETT LANE SOUTH JACKSONVILLE, FL 32210 US							
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.							
SIGNATURE:							
Electronic Signature of Registered Agent						Date	
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () ANSLEY, REGII 9523 NORWOO JACKSONVILLE	DD AVE	Na Ad	ame: Idress:	ANSLEY, RE 9523 NORW	(X) Change ()Addition GINALD F JR OOD AVENUE LLE, FL 32208	
Title: Name: Address: City-St-Zip:	VP () ANSLEY, JR., F 6955 MISS MUI JACKSONVILLE	FFET LN S	Ad	ame: Idress:	ANSLEY, JR 6955 MISS N	(X) Change()Addition ., REGINALD F /IUFFET LANE S LLE, FL 32208	
Title: Name: Address: City-St-Zip:	VP () BARRELT, JAM 5923 NORWOO JACKSONVILLE	DD AVE	Na Ad	ame: Idress:	BARRETT, J. 5923 NORW		
Title: Name: Address: City-St-Zip:	VP () ANSLEY, REGII 5923 NORWOO JACKSONVILLE	DD AVE	Ad	ile: ame: ldress: ty-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () ANSLEY, ANNIE 5923 NORWOO JACKSONVILLE	DD AVE	Ad	ame:	ANSLEY, AN 5923 NORW	(X) Change()Addition NIE R OOD AVENUE LLE, FL 32208	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNIE R. ANSLEY S/T 04/20/2007