

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 NOV -3 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # P02000068219</b> 1. Entity Name <b>ROSE AND BARRETT PAINT CONTRACTOR, INC.</b>					
Principal Place of Business <b>10650-3 HAVERFORD RD JACKSONVILLE, FL 32218</b>			Mailing Address <b>10650-3 HAVERFORD RD JACKSONVILLE, FL 32218</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>41-2046451</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ANSLEY, REGINALD F JR 10650-3 HAVERFORD RD JACKSONVILLE, FL 32218</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ANSLEY, REGINALD F JR <input type="checkbox"/> Delete 10650-3 HAVERFORD RD JACKSONVILLE, FL 32218		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Administrative Asst. Annie R. Ansley <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10650-3 Haverford rd. Jacksonville, FL 32218	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARRETT, JAMES E <input type="checkbox"/> Delete 10650-3 HAVERFORD RD JACKSONVILLE, FL 32218		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ANSLEY, REGINALD F SR <input type="checkbox"/> Delete 10650-3 HAVERFORD RD JACKSONVILLE, FL 32218		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700137571447 11/03/08--01003--013 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T ANSLEY, ANNIE R <input checked="" type="checkbox"/> Delete 5923 NORWOOD AVENUE JACKSONVILLE, FL 32208		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: Annie R. Ansley - Annie R. Ansley 9/15/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					