2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2008 8:00 am Secretary of State

03-24-2008 90066 025 ***150 00

| DOCUMENT # P02000078460 1. Entity Name NOEL'S PAINTING, INC. | | | | | | 05 2 1 2000 | 90066 023 ****1: | 30.00 |
|---|---|---|--|--|---|--|--------------------------------|--|
| Principal Plac | ce of Business | Mailing Address | | <u> </u> | - | | | |
| P.O. BOX 08 | | P.O. BOX 08687 | | | | | | |
| FORT MYERS, FL 33908 US FORT MYERS, FL 3390 | | | 908 U | S | | | | |
| | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 4 | | | |
| | | Catto, v. pt. 11, cto. | | 03142008 | Chg-P | CR2E034 (12/06) | | |
| City & State | | City & State | | | 4. FEI Number 56-23179 | 372 | | pplied For ot Applicable |
| Zip | Country | Zip Co | | atry | | | \$9.75 | |
| | | | | | 5. Certificate of | Status Desired | Fee Require | |
| , | 6. Name and Address of Curren | t Registered Agent | | Name | 7. Name and A | ddress of New R | egistered Agent | |
| LEVY, KIN | A | | | Indirie | | • | | • |
| 2110 CLEAVELAND AVENUE | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| FT. MYER | S, FL 33901 | | | | | | | |
| | | | | City | | | Zin Cod | 10 |
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| | e named entity submits this statement fi tions of registered agent. | or the purpose of changing it | s register | ed office or registe | red agent, or both, | in the State of Flo | orida. Tam familiar with, | , and accept |
| SIGNATURE. | Signature, typed or printed name of registered ager | at and over formiting the | TE Danistan | ed Agent signature require | | | DATE | |
| | E NOW!!! FEE IS \$150.00 | 9. Election Camp | | | .00 May Be | 7360 | * | |
| | ay 1, 2008 Fee will be \$550 | .00 Trust Fund Cor | ntribution. | ☐ Ádo | ded to Fees | | | |
| 10. | OFFICERS AND | D DIRECTORS | 11. | | ADDITIONS/C | HANGES TO OFF | ICERS AND DIRECTOR | |
| TITLE | OFFICERS AND | .00 | 11. | E P | ADDITIONS/CI | | ICERS AND DIRECTOR | IS IN 11 |
| | OFFICERS AND | D DIRECTORS | 11. THIL | E F | ADDITIONS/CI | 45 T | | |
| TITLE . | OFFICERS AND P NOEL, TRAVIS J | D DIRECTORS | 11. TELL NAM STRE | E P | ADDITIONS/CI | 15 J 681 | Change | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | OFFICERS AND P NOEL, TRAVIS J 15520 SONOMA DR FT. MYERS, FL 33908 V NOEL, AUSTIN | D DIRECTORS | 11. TELL NAM STR: CITY TITL | E P EET ADDRESS P -ST-ZIP F E | ADDITIONS/CIP | 115 J 681 FL 339 | ∑ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | OFFICERS AND P NOEL, TRAVIS J 15520 SONOMA DR FT. MYERS, FL 33908 V NOEL, AUSTIN 6425 FURMAN BLVD | D DIRECTORS | 11. TITL NAM STRI CITY TITL NAM STRI | E PRESENTADORESS PRES | ADDITIONS/CIP OFL, TPAV OFONT MY PPS, NOEL, AMS | 115 5 681 FL 339 STIN OK RD. | Change | ☐ Addition |
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12. I nereby certify that the information supplied with mis tiling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/2008

239-340-862

Davtime Phon