


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 16, 2007 8:00 am**  
**Secretary of State**

07-11-2007 90077 020 \*\*\*150.00

<b>DOCUMENT # P02000084568</b>		
1. Entity Name <b>CITY PAINT, INC.</b>		
Principal Place of Business <b>2775 N AIRPORT RD. 405 FORT MYERS, FL 33907</b>		Mailing Address <b>2775 N AIRPORT RD. FORT MYERS, FL 33907</b>
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>2787 N AIRPORT RD #405</b>
City & State		4. FEI Number <b>04-3707375</b>
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>33907</b>	<b>USA</b>	

**66020968**



07092007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>INGOLE, GARY 14905 AMERICAN EAGLE CT FORT MYERS, FL 33912</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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.

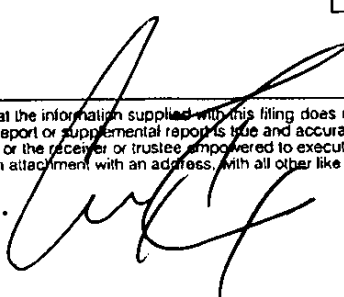
SIGNATURE:  (NOTE: Registered Agent signature required when reappointing) DATE: **7/29/07**

**FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees** In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>INGOLE, GARY LEE</b>		NAME	
STREET ADDRESS <b>14905 AMERICAN EAGLE CT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>FORT MYERS, FL 33912</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  DATE: **8/13/07**