2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000006918

Name:

Address:

City-St-Zip:

COX, JANNA M

3017 GILES PLACE

TALLAHASSEE, FL 32309

FILED Jan 05, 2007 Secretary of State

Entity Nar	me: MAYFIELD	PAINTING SERVICES, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3017 GILE TALLAHAS	S PLACE SSEE, FL 32309)			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
3017 GILE TALLAHAS	S PLACE SSEE, FL 32309)			
FEI Number:	: 04-3775169	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
COX, JENNA M 3017 GILES PL TALLAHASSEE, FL 32309 US			COX, JANNA M 3017 GILES PL TALLAHASSEE, FL 3		
The above in the State	named entity su e of Florida.	bmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: NOT REQUIRED				01/05/2007	
	Electronic	Signature of Registered Age	ent	Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ()[MAYFIELD, MAR P.O. BOX 13687 TALLAHASSEE, I		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T ()[MAYFIELD, SHAI 3017 GILES PLA TALLAHASSEE, I	CE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S ()[Pelete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: SHARON S. MAYFIELD OM 01/05/2007