2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000021722

Entity Name: HERB WEST PAINTING CONTRACTOR INC.

FILED Mar 30, 2012 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|---|----------------------------------|-----------------------------------|---|--|
| HERB WEST PAINTING 5314 SE HORSESHOE F STUART, FL 349972322 | T RD | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| HERB WEST PAINTING 5314 SE HORSESHOE F STUART, FL 349972322 | TRD | | | |
| FEI Number: 54-2106116 | 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: | |
| WEST, HERB 5314 SE HORSESHOE F STUART, FL 34997 U | | | | |
| The above named entity s in the State of Florida. | submits this statement for the p | urpose of changing its registered | office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electron | ic Signature of Registered Age | nt | Date | |
| | | | | |

OFFICERS AND DIRECTORS:

Title: PD

Name: WEST, HERB

Address: 5314 SE HORSESHOE PT RD

City-St-Zip: STUART, FL 34997

I hereby 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 all other like empowered.

SIGNATURE: HERB WEST PRES 03/30/2012