

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 14, 2008 8:00 am**  
**Secretary of State**

08-14-2008 90002 048 \*\*\*150.00

DOCUMENT # P03000048851			
1. Entity Name ACCURATE PAINTING PROS, INC.			
Principal Place of Business 12460 NW 198TH STREET ROAD MICANOPY, FL 32667		Mailing Address 12460 NW 198TH STREET ROAD MICANOPY, FL 32667	
2. Principal Place of Business - No P.O. Box # 12460 NW 198th St Rd Suite, Apt. #, etc. Micranopy, FL City & State 32667 USA Zip Country		3. Mailing Address 12460 NW 198th St Rd Suite, Apt. #, etc. Micranopy, FL City & State 32667 USA Zip Country	
		08052008 Chg-P CR2E034 (12/06)	
		4. FEI Number 56-2364667	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUAREZ, GLENDA T 12460 N.W. 198TH STREET ROAD MICANOPY, FL 32667		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	VP SUAREZ, CARLOS 12460 NW 198TH STREET ROAD MICANOPY, FL 32667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUAREZ, GLENDA T 12460 NW 198TH STREET ROAD MICANOPY, FL 32667 <input type="checkbox"/> Delete	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 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
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
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.			
SIGNATURE: <u>Glenda T. Suarez</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>8/14/08</u>	Daytime Phone #: <u>352-258-8483</u>

ATTACHMENT

40113502

7-25-08

To whom it may concern;

I never received my Annual  
Report Notice for Accurate  
Painting Pros, Inc, Document #  
PO3000048851.

Please find enclosed a  
check for \$1500.00

Accurate Painting Pros, Inc  
12460 NW 148th St Rd

Micanopy, FL 32667

Carlos Suarez

Suarez7@windstream.net

352-591-3316 or 352-207-8815