## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 21, 2008 8:00 am Secretary of State

DOCUMENT # P03000107204  1. Entity Name MICHAEL'S PAINTING, INC.								<b>.</b>	04-21-2008	3 90103 (	39 ***1:	50.00
Principal Place of Business Mailing Address								•				
342 LINCOLN AVE VALPARAISO, FL 32580				) BOX 237 Alparaiso, FL 3258								
2. Principal P	Place of Busin	ness - No P.O. Box #	3. N	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					01082008	Chg-P	CR2E03	4 (12/06)	
City & State			City & State					4. FEI Number 20-3033	587			plied For t Applicable
Zip	Country		Z	Zip Cour		intry	5. Certificate of Status Desired				8.75 Add	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent												
INGRAM JR. DOUGLAS T								K. Hrestward				
912 SOUTH PALM BLVD						Addre	W	BOX NATOPIO	is Not Acceptable	)		
SUITE E NICEVILLI	E, FL 325	578	~~ <u>``</u> 1 / \V\	. 7								
	1 Softwar	<i>Λ</i> λ'ι C	7		FL	(June 14)	<b>X</b>					
8. The above	named entit	ty submits this statement for	or the po	urpose of changing its	registe	red office or red	gistere	d agent, or both	in the State of Flo		miliar with	and accent
	tions of regis		_	<b>1</b>	, . og.o		9,515,6	a agoni, or oom			armics with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature (equired when reinstating)  DATE												
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 8 Fee will be \$550.	00	9. Election Campa Trust Fund Con	_		<b>\$5.0</b> Adde	00 May Be d to Fees			-	
10.		OFFICERS AND	TORS	11			ADDITIONS/C	HANGES TO OFF	CERS AND	DIRECTORS	S IN 11	
TITLE NAME	P,D	OOD, MICHAEL R		Defete	TLE .					☐ Change	☐ Addition	
STREET ADDRESS	1	OLN AVE.				ME REET ADDRESS						•
CITY-ST-ZIP	VALPARA	AISO, FL 32580			CIT	TY-ST-ZIP						
TITLE				☐ Delete	TIT						☐ Change	☐ Addition
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NAME STOCKY ADODESIS						ME						
STREET ADDRESS CITY-ST-ZIP						REET ADDRESS TY-ST-ZIP						
TITLE				☐ Delete	_	TLE					Change	Addition
NAME						ME					-	1
STREET ADDRESS CITY-ST-ZIP						REET ADDRESS TY-ST-ZIP						
ļ	certify that th	ne information supplied wit	h this fil	ling does not qualify f			tained	in Chapter 119.	Florida Statutes	further certi	fy that the in	nformation
indicated of the co	d on this report reporation or t	ort or supplemental report i the receiver or trustee emp tachment with an address,	is true a cowered	and accurate and that to execute this repor	my sign t as req	ature shall have	e the s	ame legal effect	as if made under o	oath; that I a	m an officer	or director

4-19-08