


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 A
Secretary of State

DOCUMENT # P03000111667	
1. Entity Name EZRA SWEENEY PAINT COMPANY	

Principal Place of Business 5350 TICONDEROGA STREET MILTON, FL 32570	Mailing Address 5350 TICONDEROGA STREET MILTON, FL 32570
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02252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2408142	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SWEENEY, BARBARA JANE 5350 TICONDEROGA STREET MILTON, FL 32570

**DO NOT WRITE
IN THIS SPACE**

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 restating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000669578
03/27/07-80075-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWEENEY, EZRA JUNIOR 5350 TICONDEROGA STREET MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, KRISTOPHER D 5350 TICONDEROGA STREET MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SWEENEY, BARBARA JANE 5350 TICONDEROGA STREET MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWEENEY, CECIL ELBERT 5350 TICONDEROGA STREET MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Ezra Sweeney Ezra Sweeney 03-09-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #